100TH GENERAL ASSEMBLY
State of Illinois
2017 and 2018
HB2975

by Rep. Michael J. Zalewski

SYNOPSIS AS INTRODUCED:

See Index

Amends the Medical Practice Act of 1987. Provides for the licensure of anesthesiologist assistants by the Department of Financial and Professional Regulation. Sets forth provisions concerning qualifications, grounds for disciplinary action, and administrative procedures. Makes conforming changes throughout the Act and in the Ambulatory Surgical Treatment Center Act and the Hospital Licensing Act. Effective immediately.

LRB100 05385 SMS 15396 b

CORRECTIONAL BUDGET AND IMPACT NOTE ACT MAY APPLY

FISCAL NOTE ACT MAY APPLY
AN ACT concerning regulation.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. The Ambulatory Surgical Treatment Center Act is amended by changing Section 6.5 as follows:

(210 ILCS 5/6.5)

Sec. 6.5. Clinical privileges; advanced practice nurses. All ambulatory surgical treatment centers (ASTC) licensed under this Act shall comply with the following requirements:

(1) No ASTC policy, rule, regulation, or practice shall be inconsistent with the provision of adequate collaboration and consultation in accordance with Section 54.5 of the Medical Practice Act of 1987.

(2) Operative surgical procedures shall be performed only by a physician licensed to practice medicine in all its branches under the Medical Practice Act of 1987, a dentist licensed under the Illinois Dental Practice Act, or a podiatric physician licensed under the Podiatric Medical Practice Act of 1987, with medical staff membership and surgical clinical privileges granted by the consulting committee of the ASTC. A licensed physician, dentist, or podiatric physician may be assisted by a physician licensed to practice medicine in all its branches, dentist, dental
assistant, podiatric physician, licensed advanced practice nurse, licensed physician assistant, licensed registered nurse, licensed practical nurse, licensed anesthesiologist assistant, surgical assistant, surgical technician, or other individuals granted clinical privileges to assist in surgery by the consulting committee of the ASTC. Payment for services rendered by an assistant in surgery who is not an ambulatory surgical treatment center employee shall be paid at the appropriate non-physician modifier rate if the payor would have made payment had the same services been provided by a physician.

(2.5) A registered nurse licensed under the Nurse Practice Act and qualified by training and experience in operating room nursing shall be present in the operating room and function as the circulating nurse during all invasive or operative procedures. For purposes of this paragraph (2.5), "circulating nurse" means a registered nurse who is responsible for coordinating all nursing care, patient safety needs, and the needs of the surgical team in the operating room during an invasive or operative procedure.

(3) An advanced practice nurse is not required to possess prescriptive authority or a written collaborative agreement meeting the requirements of the Nurse Practice Act to provide advanced practice nursing services in an ambulatory surgical treatment center. An advanced practice
nurse must possess clinical privileges granted by the consulting medical staff committee and ambulatory surgical treatment center in order to provide services. Individual advanced practice nurses may also be granted clinical privileges to order, select, and administer medications, including controlled substances, to provide delineated care. The attending physician must determine the advanced practice nurse's role in providing care for his or her patients, except as otherwise provided in the consulting staff policies. The consulting medical staff committee shall periodically review the services of advanced practice nurses granted privileges.

(4) The anesthesia service shall be under the direction of a physician licensed to practice medicine in all its branches who has had specialized preparation or experience in the area or who has completed a residency in anesthesiology. An anesthesiologist, Board certified or Board eligible, is recommended. Anesthesia services may only be administered pursuant to the order of a physician licensed to practice medicine in all its branches, licensed dentist, or licensed podiatric physician.

(A) The individuals who, with clinical privileges granted by the medical staff and ASTC, may administer anesthesia services are limited to the following:

(i) an anesthesiologist; or

(ii) a physician licensed to practice medicine
in all its branches; or

(iii) a dentist with authority to administer anesthesia under Section 8.1 of the Illinois Dental Practice Act; or

(iv) a licensed certified registered nurse anesthetist; or

(v) a podiatric physician licensed under the Podiatric Medical Practice Act of 1987; or

(vi) a licensed anesthesiologist assistant under the supervision of an anesthesiologist.

(B) For anesthesia services, an anesthesiologist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. In the absence of 24-hour availability of anesthesiologists with clinical privileges, an alternate policy (requiring participation, presence, and availability of a physician licensed to practice medicine in all its branches) shall be developed by the medical staff consulting committee in consultation with the anesthesia service and included in the medical staff consulting committee policies.

(C) A certified registered nurse anesthetist is not required to possess prescriptive authority or a
written collaborative agreement meeting the requirements of Section 65-35 of the Nurse Practice Act to provide anesthesia services ordered by a licensed physician, dentist, or podiatric physician. Licensed certified registered nurse anesthetists are authorized to select, order, and administer drugs and apply the appropriate medical devices in the provision of anesthesia services under the anesthesia plan agreed with by the anesthesiologist or, in the absence of an available anesthesiologist with clinical privileges, agreed with by the operating physician, operating dentist, or operating podiatric physician in accordance with the medical staff consulting committee policies of a licensed ambulatory surgical treatment center.

(Source: P.A. 98-214, eff. 8-9-13; 99-642, eff. 7-28-16.)

Section 10. The Hospital Licensing Act is amended by changing Section 10.7 as follows:

(210 ILCS 85/10.7)
Sec. 10.7. Clinical privileges; advanced practice nurses. All hospitals licensed under this Act shall comply with the following requirements:

(1) No hospital policy, rule, regulation, or practice shall be inconsistent with the provision of adequate
collaboration and consultation in accordance with Section 54.5 of the Medical Practice Act of 1987.

(2) Operative surgical procedures shall be performed only by a physician licensed to practice medicine in all its branches under the Medical Practice Act of 1987, a dentist licensed under the Illinois Dental Practice Act, or a podiatric physician licensed under the Podiatric Medical Practice Act of 1987, with medical staff membership and surgical clinical privileges granted at the hospital. A licensed physician, dentist, or podiatric physician may be assisted by a physician licensed to practice medicine in all its branches, dentist, dental assistant, podiatric physician, licensed advanced practice nurse, licensed physician assistant, licensed registered nurse, licensed practical nurse, licensed anesthesiologist assistant, surgical assistant, surgical technician, or other individuals granted clinical privileges to assist in surgery at the hospital. Payment for services rendered by an assistant in surgery who is not a hospital employee shall be paid at the appropriate non-physician modifier rate if the payor would have made payment had the same services been provided by a physician.

(2.5) A registered nurse licensed under the Nurse Practice Act and qualified by training and experience in operating room nursing shall be present in the operating room and function as the circulating nurse during all
invasive or operative procedures. For purposes of this paragraph (2.5), "circulating nurse" means a registered nurse who is responsible for coordinating all nursing care, patient safety needs, and the needs of the surgical team in the operating room during an invasive or operative procedure.

(3) An advanced practice nurse is not required to possess prescriptive authority or a written collaborative agreement meeting the requirements of the Nurse Practice Act to provide advanced practice nursing services in a hospital. An advanced practice nurse must possess clinical privileges recommended by the medical staff and granted by the hospital in order to provide services. Individual advanced practice nurses may also be granted clinical privileges to order, select, and administer medications, including controlled substances, to provide delineated care. The attending physician must determine the advanced practice nurse's role in providing care for his or her patients, except as otherwise provided in medical staff bylaws. The medical staff shall periodically review the services of advanced practice nurses granted privileges. This review shall be conducted in accordance with item (2) of subsection (a) of Section 10.8 of this Act for advanced practice nurses employed by the hospital.

(4) The anesthesia service shall be under the direction of a physician licensed to practice medicine in all its
branches who has had specialized preparation or experience in the area or who has completed a residency in anesthesiology. An anesthesiologist, Board certified or Board eligible, is recommended. Anesthesia services may only be administered pursuant to the order of a physician licensed to practice medicine in all its branches, licensed dentist, or licensed podiatric physician.

(A) The individuals who, with clinical privileges granted at the hospital, may administer anesthesia services are limited to the following:

(i) an anesthesiologist; or

(ii) a physician licensed to practice medicine in all its branches; or

(iii) a dentist with authority to administer anesthesia under Section 8.1 of the Illinois Dental Practice Act; or

(iv) a licensed certified registered nurse anesthetist; or

(v) a podiatric physician licensed under the Podiatric Medical Practice Act of 1987; or

(vi) a licensed anesthesiologist assistant under the supervision of an anesthesiologist.

(B) For anesthesia services, an anesthesiologist shall participate through discussion of and agreement with the anesthesia plan and shall remain physically present and be available on the premises during the
delivery of anesthesia services for diagnosis, consultation, and treatment of emergency medical conditions. In the absence of 24-hour availability of anesthesiologists with medical staff privileges, an alternate policy (requiring participation, presence, and availability of a physician licensed to practice medicine in all its branches) shall be developed by the medical staff and licensed hospital in consultation with the anesthesia service.

(C) A certified registered nurse anesthetist is not required to possess prescriptive authority or a written collaborative agreement meeting the requirements of Section 65-35 of the Nurse Practice Act to provide anesthesia services ordered by a licensed physician, dentist, or podiatric physician. Licensed certified registered nurse anesthetists are authorized to select, order, and administer drugs and apply the appropriate medical devices in the provision of anesthesia services under the anesthesia plan agreed with by the anesthesiologist or, in the absence of an available anesthesiologist with clinical privileges, agreed with by the operating physician, operating dentist, or operating podiatric physician in accordance with the hospital's alternative policy.

(Source: P.A. 98-214, eff. 8-9-13; 99-642, eff. 7-28-16.)

(225 ILCS 60/2) (from Ch. 111, par. 4400-2)

(Section scheduled to be repealed on December 31, 2017)

Sec. 2. Definitions. For purposes of this Act, the following definitions shall have the following meanings, except where the context requires otherwise:


"Address of record" means the designated address recorded by the Department in the applicant's or licensee's application file or license file as maintained by the Department's licensure maintenance unit. It is the duty of the applicant or licensee to inform the Department of any change of address and those changes must be made either through the Department's website or by contacting the Department.

"Anesthesiologist" means a physician licensed to practice medicine in all its branches by the Department who has completed a residency in anesthesiology approved by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology, or foreign equivalent, holds an unrestricted license, and is actively engaged in clinical
"Anesthesiologist assistant" means an individual licensed by the Department to assist in the delivery of medical care, including anesthesia services under the supervision of an anesthesiologist.

"Chiropractic physician" means a person licensed to treat human ailments without the use of drugs and without operative surgery. Nothing in this Act shall be construed to prohibit a chiropractic physician from providing advice regarding the use of non-prescription products or from administering atmospheric oxygen. Nothing in this Act shall be construed to authorize a chiropractic physician to prescribe drugs.

"Department" means the Department of Financial and Professional Regulation.

"Disciplinary Action" means revocation, suspension, probation, supervision, practice modification, reprimand, required education, fines or any other action taken by the Department against a person holding a license.

"Disciplinary Board" means the Medical Disciplinary Board.

"Final Determination" means the governing body's final action taken under the procedure followed by a health care institution, or professional association or society, against any person licensed under the Act in accordance with the bylaws or rules and regulations of such health care institution, or professional association or society.

"Fund" means the Medical Disciplinary Fund.
"Impaired" means the inability to practice medicine with reasonable skill and safety due to physical or mental disabilities as evidenced by a written determination or written consent based on clinical evidence including deterioration through the aging process or loss of motor skill, or abuse of drugs or alcohol, of sufficient degree to diminish a person's ability to deliver competent patient care.

"Licensing Board" means the Medical Licensing Board.

"Physician" means a person licensed under the Medical Practice Act to practice medicine in all of its branches or a chiropractic physician.

"Professional Association" means an association or society of persons licensed under this Act, and operating within the State of Illinois, including but not limited to, medical societies, osteopathic organizations, and chiropractic organizations, but this term shall not be deemed to include hospital medical staffs.

"Program of Care, Counseling, or Treatment" means a written schedule of organized treatment, care, counseling, activities, or education, satisfactory to the Disciplinary Board, designed for the purpose of restoring an impaired person to a condition whereby the impaired person can practice medicine with reasonable skill and safety of a sufficient degree to deliver competent patient care.

"Reinstate" means to change the status of a license from inactive or nonrenewed status to active status.
"Restore" means to remove an encumbrance from a license due to probation, suspension, or revocation.

"Secretary" means the Secretary of the Department of Financial and Professional Regulation.

"Supervision" means overseeing the activities of, and accepting responsibility for, the medical services rendered by the anesthesiologist assistant and maintaining physical proximity that allows the anesthesiologist to return to reestablish direct contact with the patient to meet medical needs and address any urgent or emergent clinical problems at all times that medical services are rendered by the anesthesiologist assistant.

(Source: P.A. 97-462, eff. 8-19-11; 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)
to patients in Illinois during a bonafide emergency in immediate preparation for or during interstate transit.

(Source: P.A. 98-1140, eff. 12-30-14.)

(225 ILCS 60/3.5)

(Section scheduled to be repealed on December 31, 2017)

Sec. 3.5. Unlicensed practice; violation; civil penalty.
(a) Any person who practices, offers to practice, attempts to practice, or holds oneself out to practice as a physician or an anesthesiologist assistant without being licensed under this Act shall, in addition to any other penalty provided by law, pay a civil penalty to the Department in an amount not to exceed $10,000 for each offense as determined by the Department. The civil penalty shall be assessed by the Department after a hearing is held in accordance with the provisions set forth in this Act regarding the provision of a hearing for the discipline of a licensee.

(b) The Department has the authority and power to investigate any and all unlicensed activity.

(c) The civil penalty shall be paid within 60 days after the effective date of the order imposing the civil penalty. The order shall constitute a judgment and may be filed and execution had thereon in the same manner as any judgment from any court of record.

(Source: P.A. 97-622, eff. 11-23-11.)
(225 ILCS 60/4.5 new)
Sec. 4.5. Application of Act. This Act does not prohibit:

(1) any person licensed in this State under any other Act from engaging in the practice for which he or she is licensed;

(2) the practice as an anesthesiologist assistant by a person who is employed by the United States government or any bureau, division, or agency thereof while in the discharge of the employee's official duties; or

(3) the practice as an anesthesiologist assistant that is included in their program of study by students enrolled in schools or in refresher courses approved by the Department.

(225 ILCS 60/8.5 new)
Sec. 8.5. Anesthesiologist Assistant Advisory Committee.

(a) There is established an Anesthesiologist Assistant Advisory Committee. The Anesthesiologist Assistant Advisory Committee may review and make recommendations to the Department and the Board regarding all matters relating to anesthesiologist assistants. These matters may include, but are not limited to:

(1) applications for licensure;

(2) disciplinary proceedings;

(3) renewal requirements; and

(4) any other issues pertaining to the regulation and
practice of anesthesiologist assistants in the State.

(b) The committee's membership shall consist of the following members appointed by the Governor for 3-year terms:

(1) one member of the Medical Licensing Board;

(2) one anesthesiologist assistant licensed under this Act;

(3) two anesthesiologists; and

(4) one public member.

The appointee under item (2) of this subsection (b) shall be selected from a list of recommended appointees submitted by a statewide association or society representing anesthesiologists.

The appointees under item (3) of this subsection (b) shall be selected from a list of recommended appointees submitted by a statewide association or society representing anesthesiologists.

(c) Members of the Anesthesiologist Assistant Advisory Committee shall have no liability for any action based upon a disciplinary proceeding or other activity performed in good faith as a member of the committee.

(225 ILCS 60/9) (from Ch. 111, par. 4400-9)

(Section scheduled to be repealed on December 31, 2017)

Sec. 9. Physician application Application for license.

Each applicant for a license shall:

(A) Make application on blank forms prepared and
furnished by the Department.

(B) Submit evidence satisfactory to the Department that the applicant:

(1) is of good moral character. In determining moral character under this Section, the Department may take into consideration whether the applicant has engaged in conduct or activities which would constitute grounds for discipline under this Act. The Department may also request the applicant to submit, and may consider as evidence of moral character, endorsements from 2 or 3 physicians individuals licensed under this Act;

(2) has the preliminary and professional education required by this Act;

(3) (blank); and

(4) is physically, mentally, and professionally capable of practicing medicine with reasonable judgment, skill, and safety. In determining physical and mental capacity under this Section, the Licensing Board may, upon a showing of a possible incapacity or conduct or activities that would constitute grounds for discipline under this Act, compel any physician applicant to submit to a mental or physical examination and evaluation, or both, as provided for in Section 22 of this Act. The Licensing Board may condition or restrict any physician license, subject to the same
terms and conditions as are provided for the Disciplinary Board under Section 22 of this Act. Any such condition of a restricted physician license shall provide that the Chief Medical Coordinator or Deputy Medical Coordinator shall have the authority to review the subject physician's compliance with such conditions or restrictions, including, where appropriate, the physician's record of treatment and counseling regarding the impairment, to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records of patients.

In determining professional capacity under this Section, an individual may be required to complete such additional testing, training, or remedial education as the Licensing Board may deem necessary in order to establish the physician applicant's present capacity to practice medicine with reasonable judgment, skill, and safety. The Licensing Board may consider the following criteria, as they relate to a physician applicant, as part of its determination of professional capacity:

(1) Medical research in an established research facility, hospital, college or university, or private corporation.

(2) Specialized training or education.

(3) Publication of original work in learned,
medical, or scientific journals.

(4) Participation in federal, State, local, or international public health programs or organizations.

(5) Professional service in a federal veterans or military institution.

(6) Any other professional activities deemed to maintain and enhance the clinical capabilities of the applicant.

Any applicant applying for a license to practice medicine in all of its branches or for a license as a chiropractic physician who has not been engaged in the active practice of medicine or has not been enrolled in a medical program for 2 years prior to application must submit proof of professional capacity to the Licensing Board.

Any physician applicant applying for a temporary physician license that has not been engaged in the active practice of medicine or has not been enrolled in a medical program for longer than 5 years prior to application must submit proof of professional capacity to the Licensing Board.

(C) Designate specifically the name, location, and kind of professional school, college, or institution of which the applicant is a graduate and the category under which the applicant seeks, and will undertake, to practice.

(D) Pay to the Department at the time of application
the required fees.

(E) Pursuant to Department rules, as required, pass an examination authorized by the Department to determine the physician applicant's fitness to receive a license.

(F) Complete the application process within 3 years from the date of application. If the process has not been completed within 3 years, the application shall expire, application fees shall be forfeited, and the physician applicant must reapply and meet the requirements in effect at the time of reapplication.

(Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

(225 ILCS 60/9.1 new)

Sec. 9.1. Application for anesthesiologist assistant licensure. Applications for original anesthesiologist assistant licenses shall be made to the Department in writing on forms prescribed by the Department and shall be accompanied by the required fee, which shall not be refundable. An anesthesiologist assistant application shall require information that, in the judgment of the Department, will enable the Department to pass on the qualifications of the applicant for a license. An anesthesiologist assistant application shall include evidence of meeting the qualifications for licensure in Section 11.3 of this Act.

Anesthesiologist assistant applicants have 3 years from the date of application to complete the application process. If
the process has not been completed in 3 years, the application
shall be denied, the fee shall be forfeited, and the
anesthesiologist assistant applicant must reapply and meet the
requirements in effect at the time of reapplication.

(225 ILCS 60/9.3)
Section scheduled to be repealed on December 31, 2017
Sec. 9.3. Withdrawal of physician application. Any
physician applicant applying for a physician license or permit
under this Act may withdraw his or her application at any time.
If a physician applicant withdraws his or her application
after receipt of a written Notice of Intent to Deny License or
Permit, then the withdrawal shall be reported to the Federation
of State Medical Boards and the National Practitioner Data
Bank.
(Source: P.A. 98-601, eff. 12-30-13; 98-1140, eff. 12-30-14.)

(225 ILCS 60/11) (from Ch. 111, par. 4400-11)
Section scheduled to be repealed on December 31, 2017
Sec. 11. Physician minimum Minimum education standards.
The minimum standards of professional education to be enforced
by the Department in conducting examinations and issuing
physician licenses shall be as follows:
(A) Practice of medicine. For the practice of medicine
in all of its branches:
(1) For applications for licensure under
subsection (D) of Section 19 of this Act:

(a) that the applicant is a graduate of a medical or osteopathic college in the United States, its territories or Canada, that the applicant has completed a 2 year course of instruction in a college of liberal arts, or its equivalent, and a course of instruction in a medical or osteopathic college approved by the Department or by a private, not for profit accrediting body approved by the Department, and in addition thereto, a course of postgraduate clinical training of not less than 12 months as approved by the Department; or

(b) that the applicant is a graduate of a medical or osteopathic college located outside the United States, its territories or Canada, and that the degree conferred is officially recognized by the country for the purposes of licensure, that the applicant has completed a 2 year course of instruction in a college of liberal arts or its equivalent, and a course of instruction in a medical or osteopathic college approved by the Department, which course shall have been not less than 132 weeks in duration and shall have been completed within a period of not less than 35 months, and, in addition thereto, has completed a
course of postgraduate clinical training of not less than 12 months, as approved by the Department, and has complied with any other standards established by rule.

For the purposes of this subparagraph (b) an applicant is considered to be a graduate of a medical college if the degree which is conferred is officially recognized by that country for the purposes of receiving a license to practice medicine in all of its branches or a document is granted by the medical college which certifies the completion of all formal training requirements including any internship and social service; or

(c) that the applicant has studied medicine at a medical or osteopathic college located outside the United States, its territories, or Canada, that the applicant has completed a 2 year course of instruction in a college of liberal arts or its equivalent and all of the formal requirements of a foreign medical school except internship and social service, which course shall have been not less than 132 weeks in duration and shall have been completed within a period of not less than 35 months; that the applicant has submitted an application to a medical college accredited by the Liaison Committee on Medical Education and
submitted to such evaluation procedures, including use of nationally recognized medical student tests or tests devised by the individual medical college, and that the applicant has satisfactorily completed one academic year of supervised clinical training under the direction of such medical college; and, in addition thereto has completed a course of postgraduate clinical training of not less than 12 months, as approved by the Department, and has complied with any other standards established by rule.

(d) Any clinical clerkships must have been completed in compliance with Section 10.3 of the Hospital Licensing Act, as amended.

(2) Effective January 1, 1988, for applications for licensure made subsequent to January 1, 1988, under Sections 9 or 17 of this Act by individuals not described in paragraph (3) of subsection (A) of Section 11 who graduated after December 31, 1984:

(a) that the applicant: (i) graduated from a medical or osteopathic college officially recognized by the jurisdiction in which it is located for the purpose of receiving a license to practice medicine in all of its branches, and the applicant has completed, as defined by the Department, a 6 year postsecondary course of study
comprising at least 2 academic years of study in
the basic medical sciences; and 2 academic years of
study in the clinical sciences, while enrolled in
the medical college which conferred the degree,
the core rotations of which must have been
completed in clinical teaching facilities owned,
operated or formally affiliated with the medical
college which conferred the degree, or under
contract in teaching facilities owned, operated or
affiliated with another medical college which is
officially recognized by the jurisdiction in which
the medical school which conferred the degree is
located; or (ii) graduated from a medical or
osteopathic college accredited by the Liaison
Committee on Medical Education, the Committee on
Accreditation of Canadian Medical Schools in
conjunction with the Liaison Committee on Medical
Education, or the Bureau of Professional Education
of the American Osteopathic Association; and,
(iii) in addition thereto, has completed 24 months
of postgraduate clinical training, as approved by
the Department; or
(b) that the applicant has studied medicine at
a medical or osteopathic college located outside
the United States, its territories, or Canada,
that the applicant, in addition to satisfying the
requirements of subparagraph (a), except for the
awarding of a degree, has completed all of the
formal requirements of a foreign medical school
except internship and social service and has
submitted an application to a medical college
accredited by the Liaison Committee on Medical
Education and submitted to such evaluation
procedures, including use of nationally recognized
medical student tests or tests devised by the
individual medical college, and that the applicant
has satisfactorily completed one academic year of
supervised clinical training under the direction
of such medical college; and, in addition thereto,
has completed 24 months of postgraduate clinical
training, as approved by the Department, and has
complied with any other standards established by
rule.

(3) (Blank).

(4) Any person granted a temporary license
pursuant to Section 17 of this Act who shall
satisfactorily complete a course of postgraduate
clinical training and meet all of the requirements for
licensure shall be granted a permanent license
pursuant to Section 9.

(5) Notwithstanding any other provision of this
Section an individual holding a temporary license
under Section 17 of this Act shall be required to satisfy the undergraduate medical and post-graduate clinical training educational requirements in effect on the date of their application for a temporary license, provided they apply for a license under Section 9 of this Act and satisfy all other requirements of this Section while their temporary license is in effect.

(B) Treating human ailments without drugs and without operative surgery. For the practice of treating human ailments without the use of drugs and without operative surgery:

(1) For an applicant who was a resident student and who is a graduate after July 1, 1926, of a chiropractic college or institution, that such school, college or institution, at the time of the applicant's graduation required as a prerequisite to admission thereto a 4 year course of instruction in a high school, and, as a prerequisite to graduation therefrom, a course of instruction in the treatment of human ailments, of not less than 132 weeks in duration and which shall have been completed within a period of not less than 35 months except that as to students matriculating or entering upon a course of chiropractic study during the years 1940, 1941, 1942, 1943, 1944, 1945, 1946, and 1947, such elapsed time shall be not less than 32
months, such high school and such school, college or institution having been reputable and in good standing in the judgment of the Department.

(2) For an applicant who is a matriculant in a chiropractic college after September 1, 1969, that such applicant shall be required to complete a 2 year course of instruction in a liberal arts college or its equivalent and a course of instruction in a chiropractic college in the treatment of human ailments, such course, as a prerequisite to graduation therefrom, having been not less than 132 weeks in duration and shall have been completed within a period of not less than 35 months, such college of liberal arts and chiropractic college having been reputable and in good standing in the judgment of the Department.

(3) For an applicant who is a graduate of a United States chiropractic college after August 19, 1981, the college of the applicant must be fully accredited by the Commission on Accreditation of the Council on Chiropractic Education or its successor at the time of graduation. Such graduates shall be considered to have met the minimum requirements which shall be in addition to those requirements set forth in the rules and regulations promulgated by the Department.

(4) For an applicant who is a graduate of a chiropractic college in another country; that such
chiropractic college be equivalent to the standards of education as set forth for chiropractic colleges located in the United States.

(Source: P.A. 97-622, eff. 11-23-11.)

(225 ILCS 60/11.3 new)

Sec. 11.3. Qualifications for anesthesiologist assistant licensure. A person shall be qualified for licensure as an anesthesiologist assistant and the Department may issue an anesthesiologist assistant license to a person who:

1. Has applied in writing in form and substance satisfactory to the Department and has not violated any of the provisions of this Act or the rules adopted under this Act; the Department may take into consideration any felony conviction of the applicant, but the conviction shall not operate as an absolute bar to licensure;

2. Has submitted evidence satisfactory to the Department that the applicant has:

   A. Obtained a master's degree from an anesthesiologist assistant program that is accredited by the Commission on Accreditation of Allied Health Education Programs, or its predecessor or successor entity; and

   B. Passed the certifying examination administered by and obtained active certification from the National Commission on Certification of Anesthesiologist
Assistants or a successor entity; and

(3) complies with all applicable rules of the Department.

(225 ILCS 60/11.5 new)

Sec. 11.5. Anesthesiologist supervision requirements.

(a) An anesthesiologist assistant may deliver medical care only under the supervision of an anesthesiologist and only as described in a supervision agreement between the anesthesiologist assistant and an anesthesiologist who represents the anesthesiologist assistant's employer. The supervising anesthesiologist shall be immediately available at all times while supervising an anesthesiologist assistant.

For the purposes of this Section, "immediately available" means the medically-directing anesthesiologist being in such physical proximity that allows the anesthesiologist to return to re-establish direct contact with the patient to meet the patient's medical needs and address any urgent or emergent problems. These responsibilities may also be met through careful coordination among anesthesiologists of the same group or department. Be it recognized that design and size of various facilities, severity of patient illnesses, and the complexity and demands of the particular surgical procedures make it impossible to define a specific time or distance for physical proximity.

(b) An anesthesiologist assistant's practice may not
exceed his or her education and training, the scope of practice of the supervising anesthesiologist, and the practice outlined in the anesthesiologist assistant supervision agreement. A medical care task assigned by the supervising anesthesiologist to the anesthesiologist assistant may not be delegated by the anesthesiologist assistant to another person, except for the preceptorship of a student in an anesthesiologist assistant training program. An anesthesiologist assistant may perform such services within the specialty of the supervising anesthesiologist, except that the anesthesiologist shall exercise such direction, supervision and control over such anesthesiologist assistants as will ensure that patients shall receive quality medical care. Anesthesiologist assistants shall be capable of performing a variety of tasks within the specialty of medical care under the supervision of an anesthesiologist. The supervising anesthesiologist may delegate tasks and duties to the anesthesiologist assistant. Delegated tasks or duties shall be consistent with anesthesiologist assistant education, training, and experience. The delegated tasks or duties shall be specific to the practice setting and shall be implemented and reviewed under a written supervision agreement established by the anesthesiologist or anesthesiologist/anesthesiologist assistant team. An anesthesiologist assistant, acting as an agent of the anesthesiologist, shall be permitted to transmit the supervising anesthesiologist's orders as determined by the
institution's by-laws, policies, procedures, or job
description within which the anesthesiologist/
anesthesiologist assistant team practices. Anesthesiologist
assistants shall practice only in accordance with a written
supervision agreement.

(c) An anesthesiologist who represents an anesthesiologist
assistant's employer shall review a supervision agreement with
the anesthesiologist assistant at least annually. The
supervision agreement shall be available for inspection at the
location where the anesthesiologist assistant practices. The
supervision agreement may limit the practice of an
anesthesiologist assistant to less than the full scope of
practice authorized under this Act.

(d) An anesthesiologist assistant shall be employed by a
health care provider that is licensed in this State for the
primary purpose of providing the medical services of physicians
or that is an entity. If an anesthesiologist assistant's
employer is not an anesthesiologist, the employer shall provide
for, and not interfere with, an anesthesiologist's supervision
of the anesthesiologist assistant.

(e) A student in an anesthesiologist assistant training
program may assist only an anesthesiologist in the delivery of
medical care and may perform only medical care tasks assigned
by an anesthesiologist. An anesthesiologist may delegate the
preceptorship of a student in an anesthesiologist assistant
training program to a qualified anesthesia provider. This
Section shall not be interpreted to limit the number of other qualified anesthesia providers an anesthesiologist may supervise.

(f) A student in an anesthesiologist assistant training program shall be identified as a student anesthesiologist assistant or an anesthesiologist assistant student and may not be identified as an "intern", "resident", or "fellow".

(225 ILCS 60/12) (from Ch. 111, par. 4400-12)

(Section scheduled to be repealed on December 31, 2017)

Sec. 12. All examinations for physicians provided for by this Act shall be conducted under rules prescribed from time to time by the Department. Examinations shall be held not less frequently than 2 times every year, at times and places prescribed by the Department, of which applicants shall be notified by the Department in writing, and may be conducted wholly or in part in writing.

If a physician applicant neglects, fails without an approved excuse or refuses to take the next available examination offered for license under this Act, the fee paid by the physician applicant shall be forfeited and the application denied. If a physician applicant fails to pass an examination for a physician license under this Act within 3 years after filing their application, the application shall be denied. However, such applicant may thereafter make a new application for examination, accompanied by the required fee
and satisfy the requirements then in existence for a physician license.
(Source: P.A. 85-4.)

(225 ILCS 60/19) (from Ch. 111, par. 4400-19)
(Section scheduled to be repealed on December 31, 2017)

Sec. 19. Physician licensure Licensure by endorsement. The Department may, in its discretion, issue a physician license by endorsement to any person who is currently licensed to practice medicine in all of its branches, or a chiropractic physician, in any other state, territory, country or province, upon the following conditions and submitting evidence satisfactory to the Department of the following:

(A) (Blank);

(B) That the physician applicant is of good moral character. In determining moral character under this Section, the Department may take into consideration whether the applicant has engaged in conduct or activities which would constitute grounds for discipline under this Act. The Department may also request the applicant to submit, and may consider as evidence of moral character, endorsements from 2 or 3 individuals licensed under this Act;

(C) That the physician applicant is physically, mentally and professionally capable of practicing medicine with reasonable judgment, skill and safety. In determining
physical, mental and professional capacity under this Section the Licensing Board may, upon a showing of a possible incapacity, compel an applicant to submit to a mental or physical examination and evaluation, or both, in the same manner as provided in Section 22 and may condition or restrict any license, subject to the same terms and conditions as are provided for the Disciplinary Board under Section 22 of this Act.

(D) That if the physician applicant seeks to practice medicine in all of its branches:

(1) if the applicant was licensed in another jurisdiction prior to January 1, 1988, that the applicant has satisfied the educational requirements of paragraph (1) of subsection (A) or paragraph (2) of subsection (A) of Section 11 of this Act; or

(2) if the applicant was licensed in another jurisdiction after December 31, 1987, that the applicant has satisfied the educational requirements of paragraph (A)(2) of Section 11 of this Act; and

(3) the requirements for a license to practice medicine in all of its branches in the particular state, territory, country or province in which the applicant is licensed are deemed by the Department to have been substantially equivalent to the requirements for a license to practice medicine in all of its branches in force in this State at the date of the
applicant's license;

(E) That if the physician applicant seeks to treat human ailments without the use of drugs and without operative surgery:

(1) the applicant is a graduate of a chiropractic school or college approved by the Department at the time of their graduation;

(2) the requirements for the applicant's license to practice the treatment of human ailments without the use of drugs are deemed by the Department to have been substantially equivalent to the requirements for a license to practice in this State at the date of the applicant's license;

(F) That the Department may, in its discretion, issue a physician license by endorsement to any graduate of a medical or osteopathic college, reputable and in good standing in the judgment of the Department, who has passed an examination for admission to the United States Public Health Service, or who has passed any other examination deemed by the Department to have been at least equal in all substantial respects to the examination required for admission to any such medical corps;

(G) That applications for physician licenses by endorsement shall be filed with the Department, under oath, on forms prepared and furnished by the Department, and shall set forth, and applicants therefor shall supply such
information respecting the life, education, professional 
practice, and moral character of applicants as the 
Department may require to be filed for its use;

(H) That the physician applicant undergo the criminal 
background check established under Section 9.7 of this Act.

In the exercise of its discretion under this Section, the 
Department is empowered to consider and evaluate each physician 
applicant on an individual basis. It may take into account, 
among other things: the extent to which the physician applicant 
will bring unique experience and skills to the State of Illinois or the extent to which there is or is not available to 
the Department authentic and definitive information concerning 
the quality of medical education and clinical training which 
the physician applicant has had. Under no circumstances shall a 
physician license be issued under the provisions of this 
Section to any person who has previously taken and failed the 
written examination conducted by the Department for such 
license. In the exercise of its discretion under this Section, 
the Department may require a physician applicant to 
successfully complete an examination as recommended by the 
Licensing Board. The Department may also request the physician 
applicant to submit, and may consider as evidence of moral 
character, evidence from 2 or 3 physician individuals licensed 
under this Act. Physician applicants Applicants have 3 years 
from the date of application to complete the physician 
application process. If the process has not been completed
within 3 years, the physician application shall be denied, the
fees shall be forfeited, and the physician applicant must
reapply and meet the requirements in effect at the time of
reapplication.
(Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

(225 ILCS 60/19.5 new)
Sec. 19.5. Anesthesiologist assistant licensure by
endorsement. Upon payment of the required fee, the Department
may, in its discretion, license as an anesthesiologist assistant
an applicant who is an anesthesiologist assistant
licensed in another jurisdiction, if the requirements for
licensure in that jurisdiction were at the time of licensure
substantially equivalent to the requirement in force in this
State on that date or equivalent to the requirements of this
Act.

(225 ILCS 60/20) (from Ch. 111, par. 4400-20)
(Section scheduled to be repealed on December 31, 2017)
Sec. 20. Continuing education for physicians. The
Department shall promulgate rules of continuing education for
physicians licensed under this Act that require an
average of 50 hours of continuing education per license year.
These rules shall be consistent with requirements of relevant
professional associations, specialty societies, or boards. The
rules shall also address variances in part or in whole for good
cause, including, but not limited to, temporary illness or hardship. In establishing these rules, the Department shall consider educational requirements for medical staffs, requirements for specialty society board certification or for continuing education requirements as a condition of membership in societies representing the 2 categories of physician licensee under this Act. These rules shall assure that physician licensees are given the opportunity to participate in those programs sponsored by or through their professional associations or hospitals which are relevant to their practice. Each physician licensee is responsible for maintaining records of completion of continuing education and shall be prepared to produce the records when requested by the Department.

(Source: P.A. 97-622, eff. 11-23-11.)

(225 ILCS 60/21) (from Ch. 111, par. 4400-21)

(Section scheduled to be repealed on December 31, 2017)

Sec. 21. Physician license License renewal; reinstatement; inactive status; disposition and collection of fees.

(A) Renewal. The expiration date and renewal period for each physician license issued under this Act shall be set by rule. The holder of a physician license may renew the license by paying the required fee. The holder of a physician license may also renew the license within 90 days after its expiration by complying with the requirements for renewal and payment of an additional fee. A physician license renewal within 90 days
after expiration shall be effective retroactively to the expiration date.

The Department shall attempt to provide through electronic means to each physician licensee under this Act, at least 60 days in advance of the expiration date of his or her license, a renewal notice. No such license shall be deemed to have lapsed until 90 days after the expiration date and after the Department has attempted to provide such notice as herein provided.

(B) Reinstatement. Any physician licensee who has permitted his or her license to lapse or who has had his or her license on inactive status may have his or her license reinstated by making application to the Department and filing proof acceptable to the Department of his or her fitness to have the license reinstated, including evidence certifying to active practice in another jurisdiction satisfactory to the Department, proof of meeting the continuing education requirements for one renewal period, and by paying the required reinstatement fee.

If the physician licensee has not maintained an active practice in another jurisdiction satisfactory to the Department, the Licensing Board shall determine, by an evaluation program established by rule, the applicant's fitness to resume active status and may require the physician licensee to complete a period of evaluated clinical experience and may require successful completion of a practical
examination specified by the Licensing Board.

However, any registrant whose physician license has expired while he or she has been engaged (a) in Federal Service on active duty with the Army of the United States, the United States Navy, the Marine Corps, the Air Force, the Coast Guard, the Public Health Service or the State Militia called into the service or training of the United States of America, or (b) in training or education under the supervision of the United States preliminary to induction into the military service, may have his or her physician license reinstated without paying any lapsed renewal fees, if within 2 years after honorable termination of such service, training, or education, he or she furnishes to the Department with satisfactory evidence to the effect that he or she has been so engaged and that his or her service, training, or education has been so terminated.

(C) Inactive licenses. Any physician licensee who notifies the Department, in writing on forms prescribed by the Department, may elect to place his or her physician license on an inactive status and shall, subject to rules of the Department, be excused from payment of renewal fees until he or she notifies the Department in writing of his or her desire to resume active status.

Any physician licensee requesting reinstatement from inactive status shall be required to pay the current renewal fee, provide proof of meeting the continuing education requirements for the period of time the physician license is
inactive not to exceed one renewal period, and shall be
required to reinstate his or her physician license as provided
in subsection (B).

Any physician licensee whose physician license is in an
inactive status shall not practice in the State of Illinois.

(D) Disposition of moneys collected. All moneys
monies collected under this Act by the Department shall be
deposited in the Illinois State Medical Disciplinary Fund in
the State Treasury, and used only for the following purposes:
(a) by the Disciplinary Board and Licensing Board in the
exercise of its powers and performance of its duties, as such
use is made by the Department with full consideration of all
recommendations of the Disciplinary Board and Licensing Board,
(b) for costs directly related to persons licensed under this
Act, and (c) for direct and allocable indirect costs related to
the public purposes of the Department.

Moneys in the Fund may be transferred to the Professions
Indirect Cost Fund as authorized under Section 2105-300 of the
Department of Professional Regulation Law (20 ILCS
2105/2105-300).

The State Comptroller shall order and the State Treasurer
shall transfer an amount equal to $1,100,000 from the Illinois
State Medical Disciplinary Fund to the Local Government Tax
Fund on each of the following dates: July 1, 2014, October 1,
2014, January 1, 2015, July 1, 2017, October 1, 2017, and
January 1, 2018. These transfers shall constitute repayment of
the $6,600,000 transfer made under Section 6z-18 of the State Finance Act.

All earnings received from investment of moneys in the Illinois State Medical Disciplinary Fund shall be deposited in the Illinois State Medical Disciplinary Fund and shall be used for the same purposes as fees deposited in such Fund.

(E) Fees. The following fees are nonrefundable.

(1) Physician applicants Applicants for any examination shall be required to pay, either to the Department or to the designated testing service, a fee covering the cost of determining the physician applicant's eligibility and providing the examination. Failure to appear for the examination on the scheduled date, at the time and place specified, after the physician applicant's application for examination has been received and acknowledged by the Department or the designated testing service, shall result in the forfeiture of the examination fee.

(2) Before July 1, 2018, the fee for a license under Section 9 of this Act is $700. Beginning on July 1, 2018, the fee for a license under Section 9 of this Act is $500.

(3) Before July 1, 2018, the fee for a license under Section 19 of this Act is $700. Beginning on July 1, 2018, the fee for a license under Section 19 of this Act is $500.

(4) Before July 1, 2018, the fee for the renewal of a physician license for a resident of Illinois shall be
calculated at the rate of $230 per year, and beginning on July 1, 2018, the fee for the renewal of a physician license shall be $167, except for licensees who were issued a physician license within 12 months of the expiration date of the license, before July 1, 2018, the fee for the renewal shall be $230, and beginning on July 1, 2018 that fee will be $167. Before July 1, 2018, the fee for the renewal of a physician license for a nonresident shall be calculated at the rate of $460 per year, and beginning on July 1, 2018, the fee for the renewal of a physician license for a nonresident shall be $250, except for licensees who were issued a physician license within 12 months of the expiration date of the license, before July 1, 2018, the fee for the renewal shall be $460, and beginning on July 1, 2018 that fee will be $250.

(5) The fee for the reinstatement of a physician license other than from inactive status, is $230. In addition, payment of all lapsed renewal fees not to exceed $1,400 is required.

(6) The fee for a 3-year temporary license under Section 17 is $230.

(7) The fee for the issuance of a duplicate physician license, for the issuance of a replacement physician license for a license which has been lost or destroyed, or for the issuance of a physician license with a change of name or address other than during the renewal period is
$20. No fee is required for name and address changes on Department records when no duplicate physician license is issued.

(8) The fee to be paid for a physician license record for any purpose is $20.

(9) The fee to be paid to have the scoring of an examination, administered by the Department, reviewed and verified, is $20 plus any fees charged by the applicable testing service.

(10) The fee to be paid by a physician licensee for a wall certificate showing his or her physician license shall be the actual cost of producing the certificate as determined by the Department.

(11) The fee for a roster of persons licensed as physicians in this State shall be the actual cost of producing such a roster as determined by the Department.

(12) Fees collected for the administration of anesthesiologist assistant licenses shall be set by the Department by rule.

(F) Any person who delivers a check or other payment to the Department that is returned to the Department unpaid by the financial institution upon which it is drawn shall pay to the Department, in addition to the amount already owed to the Department, a fine of $50. The fines imposed by this Section are in addition to any other discipline provided under this Act for unlicensed practice or practice on a nonrenewed license.
The Department shall notify the person that payment of fees and fines shall be paid to the Department by certified check or money order within 30 calendar days of the notification. If, after the expiration of 30 days from the date of the notification, the person has failed to submit the necessary remittance, the Department shall automatically terminate the license or permit or deny the application, without hearing. If, after termination or denial, the person seeks a license or permit, he or she shall apply to the Department for reinstatement or issuance of the license or permit and pay all fees and fines due to the Department. The Department may establish a fee for the processing of an application for reinstatement of a license or permit to pay all expenses of processing this application. The Secretary may waive the fines due under this Section in individual cases where the Secretary finds that the fines would be unreasonable or unnecessarily burdensome.

(Source: P.A. 98-3, eff. 3-8-13; 98-1140, eff. 12-30-14; 99-909, eff. 12-16-16.)

Sec. 21.3. Anesthesiologist assistant license expiration; renewal; restoration. The expiration date and renewal period for each anesthesiologist assistant license issued under this Act shall be set by rule. Renewal shall be conditioned on paying the required fee and meeting such other requirements as
may be established by rule. Any anesthesiologist assistant who has permitted his or her license to expire or who has had his or her license on inactive status may have the license restored by making application to the Department and filing proof acceptable to the Department of his or her fitness to have the license restored, and by paying the required fees. Proof of fitness may include sworn evidence certifying to active lawful practice in another jurisdiction. If the anesthesiologist assistant has not maintained an active practice in another jurisdiction satisfactory to the Department, the Department shall determine, by an evaluation program established by rule, his or her fitness for restoration of the license and shall establish procedures and requirements for such restoration. However, any anesthesiologist assistant whose license expired while he or she was (1) in federal service on active duty with the Armed Forces of the United States, or the State Militia called into service or training, or (2) in training or education under the supervision of the United States preliminary to induction into the military service, may have the license restored without paying any lapsed renewal fees if within 2 years after honorable termination of such service, training, or education he or she furnishes the Department with satisfactory evidence to the effect that he or she has been so engaged and that his or her service, training, or education has been so terminated.
(225 ILCS 60/21.5 new)

Sec. 21.5. Anesthesiologist assistant license inactive status. Any anesthesiologist assistant who notified the Department in writing on forms prescribed by the Department, may elect to place his or her license on an inactive status and shall, subject to rules of the Department, be excused from payment of renewal fees until he or she notifies the Department in writing of his or her intention to restore the license. Any anesthesiologist assistant requesting restoration from inactive status shall be required to pay the current renewal fee and shall be required to restore his or her license, as provided in Section 21.3 of this Act. Any anesthesiologist assistant whose license is in an inactive status shall not practice in the State of Illinois. Any anesthesiologist assistant licensee who shall engage in practice while his or her license is lapsed or on inactive status shall be considered to be practicing without a license, which shall be grounds for discipline under Section 22.1 of this Act.

(225 ILCS 60/21.7 new)

Sec. 21.7. Anesthesiologist assistant license roster. The Department shall maintain a roster of the names and addresses of all anesthesiologist assistant licensees and of all persons whose anesthesiologist assistant licenses have been suspended or revoked. This roster shall be available upon written request and payment of the required fee.
Sec. 21.9. Anesthesiologist assistant corporate licensure prohibited. No corporation, which stated purpose includes, or which practices, or which holds itself out as available to practice as an anesthesiologist assistant, shall be issued an anesthesiologist assistant license by the Department, nor shall the Secretary of State approve or accept articles of incorporation for such a corporation.

Sec. 22. Disciplinary action of physician licenses.

(A) The Department may revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action as the Department may deem proper with regard to the physician license or permit of any person issued under this Act, including imposing fines not to exceed $10,000 for each violation, upon any of the following grounds:

(1) Performance of an elective abortion in any place, locale, facility, or institution other than:

(a) a facility licensed pursuant to the Ambulatory Surgical Treatment Center Act;

(b) an institution licensed under the Hospital Licensing Act;
(c) an ambulatory surgical treatment center or hospitalization or care facility maintained by the State or any agency thereof, where such department or agency has authority under law to establish and enforce standards for the ambulatory surgical treatment centers, hospitalization, or care facilities under its management and control;

(d) ambulatory surgical treatment centers, hospitalization or care facilities maintained by the Federal Government; or

(e) ambulatory surgical treatment centers, hospitalization or care facilities maintained by any university or college established under the laws of this State and supported principally by public funds raised by taxation.

(2) Performance of an abortion procedure in a wilful and wanton manner on a woman who was not pregnant at the time the abortion procedure was performed.

(3) A plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, including, but not limited to, convictions, preceding sentences of supervision, conditional discharge, or first offender probation, under the laws of any jurisdiction of the United States of any crime that is a felony.

(4) Gross negligence in practice under this Act.

(5) Engaging in dishonorable, unethical or
unprofessional conduct of a character likely to deceive, defraud or harm the public.

(6) Obtaining any fee by fraud, deceit, or misrepresentation.

(7) Habitual or excessive use or abuse of drugs defined in law as controlled substances, of alcohol, or of any other substances which results in the inability to practice with reasonable judgment, skill or safety.

(8) Practicing under a false or, except as provided by law, an assumed name.

(9) Fraud or misrepresentation in applying for, or procuring, a physician license under this Act or in connection with applying for renewal of a physician license under this Act.

(10) Making a false or misleading statement regarding their skill or the efficacy or value of the medicine, treatment, or remedy prescribed by them at their direction in the treatment of any disease or other condition of the body or mind.

(11) Allowing another person or organization to use their physician license, procured under this Act, to practice.

(12) Adverse action taken by another state or jurisdiction against a physician license or other authorization to practice as a medical doctor, doctor of osteopathy, doctor of osteopathic medicine or doctor of
chiropractic, a certified copy of the record of the action taken by the other state or jurisdiction being prima facie evidence thereof. This includes any adverse action taken by a State or federal agency that prohibits a medical doctor, doctor of osteopathy, doctor of osteopathic medicine, or doctor of chiropractic from providing services to the agency's participants.

(13) Violation of any provision of this Act or of the Medical Practice Act prior to the repeal of that Act, or violation of the rules, or a final administrative action of the Secretary, after consideration of the recommendation of the Disciplinary Board.

(14) Violation of the prohibition against fee splitting in Section 22.2 of this Act.

(15) A finding by the Disciplinary Board that the registrant after having his or her physician license placed on probationary status or subjected to conditions or restrictions violated the terms of the probation or failed to comply with such terms or conditions.

(16) Abandonment of a patient.

(17) Prescribing, selling, administering, distributing, giving or self-administering any drug classified as a controlled substance (designated product) or narcotic for other than medically accepted therapeutic purposes.

(18) Promotion of the sale of drugs, devices,
appliances or goods provided for a patient in such manner
as to exploit the patient for financial gain of the
physician.

(19) Offering, undertaking or agreeing to cure or treat
disease by a secret method, procedure, treatment or
medicine, or the treating, operating or prescribing for any
human condition by a method, means or procedure which the
physician licensee refuses to divulge upon demand of the
Department.

(20) Immoral conduct in the commission of any act
including, but not limited to, commission of an act of
sexual misconduct related to the physician licensee's
practice.

(21) Wilfully making or filing false records or reports
in his or her practice as a physician, including, but not
limited to, false records to support claims against the
medical assistance program of the Department of Healthcare
and Family Services (formerly Department of Public Aid)
under the Illinois Public Aid Code.

(22) Wilful omission to file or record, or wilfully
impeding the filing or recording, or inducing another
person to omit to file or record, medical reports as
required by law, or wilfully failing to report an instance
of suspected abuse or neglect as required by law.

(23) Being named as a perpetrator in an indicated
report by the Department of Children and Family Services
under the Abused and Neglected Child Reporting Act, and
upon proof by clear and convincing evidence that the
physician licensee has caused a child to be an abused child
or neglected child as defined in the Abused and Neglected
Child Reporting Act.

(24) Solicitation of professional patronage by any
corporation, agents or persons, or profiting from those
representing themselves to be agents of the physician
licensee.

(25) Gross and wilful and continued overcharging for
professional services, including filing false statements
for collection of fees for which services are not rendered,
including, but not limited to, filing such false statements
for collection of moneys for services not rendered
from the medical assistance program of the Department of
Healthcare and Family Services (formerly Department of
Public Aid) under the Illinois Public Aid Code.

(26) A pattern of practice or other behavior which
demonstrates incapacity or incompetence to practice under
this Act.

(27) Mental illness or disability which results in the
inability to practice under this Act with reasonable
judgment, skill or safety.

(28) Physical illness, including, but not limited to,
deterioration through the aging process, or loss of motor
skill which results in a physician's inability to practice
under this Act with reasonable judgment, skill or safety.

(29) Cheating on or attempt to subvert the licensing examinations administered under this Act.

(30) Wilfully or negligently violating the confidentiality between physician and patient except as required by law.

(31) The use of any false, fraudulent, or deceptive statement in any document connected with practice under this Act.

(32) Aiding and abetting an individual not licensed under this Act in the practice of a profession licensed under this Act.

(33) Violating state or federal laws or regulations relating to controlled substances, legend drugs, or ephedra as defined in the Ephedra Prohibition Act.

(34) Failure to report to the Department any adverse final action taken against them by another licensing jurisdiction (any other state or any territory of the United States or any foreign state or country), by any peer review body, by any health care institution, by any professional society or association related to practice under this Act, by any governmental agency, by any law enforcement agency, or by any court for acts or conduct similar to acts or conduct which would constitute grounds for action as defined in this Section.

(35) Failure to report to the Department surrender of a
physician license or authorization to practice as a medical
doctor, a doctor of osteopathy, a doctor of osteopathic
medicine, or doctor of chiropractic in another state or
jurisdiction, or surrender of membership on any medical
staff or in any medical or professional association or
society, while under disciplinary investigation by any of
those authorities or bodies, for acts or conduct similar to
acts or conduct which would constitute grounds for action
as defined in this Section.

(36) Failure to report to the Department any adverse
judgment, settlement, or award arising from a liability
claim related to acts or conduct similar to acts or conduct
which would constitute grounds for action as defined in
this Section.

(37) Failure to provide copies of medical records as
required by law.

(38) Failure to furnish the Department, its
investigators or representatives, relevant information,
legally requested by the Department after consultation
with the Chief Medical Coordinator or the Deputy Medical
Coordinator.

(39) Violating the Health Care Worker Self-Referral
Act.

(40) Willful failure to provide notice when notice is
required under the Parental Notice of Abortion Act of 1995.

(41) Failure to establish and maintain records of
patient care and treatment as required by this law.

(42) Entering into an excessive number of written collaborative agreements with licensed advanced practice nurses resulting in an inability to adequately collaborate.

(43) Repeated failure to adequately collaborate with a licensed advanced practice nurse.

(44) Violating the Compassionate Use of Medical Cannabis Pilot Program Act.

(45) Entering into an excessive number of written collaborative agreements with licensed prescribing psychologists resulting in an inability to adequately collaborate.

(46) Repeated failure to adequately collaborate with a licensed prescribing psychologist.

Except for actions involving the ground numbered (26), all proceedings to suspend, revoke, place on probationary status, or take any other disciplinary action as the Department may deem proper, with regard to a physician license on any of the foregoing grounds, must be commenced within 5 years next after receipt by the Department of a complaint alleging the commission of or notice of the conviction order for any of the acts described herein. Except for the grounds numbered (8), (9), (26), and (29), no action shall be commenced more than 10 years after the date of the incident or act alleged to have violated this Section. For actions involving the ground
numbered (26), a pattern of practice or other behavior includes all incidents alleged to be part of the pattern of practice or other behavior that occurred, or a report pursuant to Section 23 of this Act received, within the 10-year period preceding the filing of the complaint. In the event of the settlement of any claim or cause of action in favor of the claimant or the reduction to final judgment of any civil action in favor of the plaintiff, such claim, cause of action or civil action being grounded on the allegation that a physician person licensed under this Act was negligent in providing care, the Department shall have an additional period of 2 years from the date of notification to the Department under Section 23 of this Act of such settlement or final judgment in which to investigate and commence formal disciplinary proceedings under Section 36 of this Act, except as otherwise provided by law. The time during which the holder of the physician license was outside the State of Illinois shall not be included within any period of time limiting the commencement of disciplinary action by the Department.

The entry of an order or judgment by any circuit court establishing that any person holding a physician license under this Act is a person in need of mental treatment operates as a suspension of that physician license. That person may resume their practice only upon the entry of a Departmental order based upon a finding by the Disciplinary Board that they have been determined to be recovered from mental illness by the
court and upon the Disciplinary Board's recommendation that they be permitted to resume their practice.

The Department may refuse to issue or take disciplinary action concerning the physician license of any person who fails to file a return, or to pay the tax, penalty or interest shown in a filed return, or to pay any final assessment of tax, penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirements of any such tax Act are satisfied as determined by the Illinois Department of Revenue.

The Department, upon the recommendation of the Disciplinary Board, shall adopt rules which set forth standards to be used in determining:

(a) when a person will be deemed sufficiently rehabilitated to warrant the public trust;

(b) what constitutes dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud, or harm the public;

(c) what constitutes immoral conduct in the commission of any act, including, but not limited to, commission of an act of sexual misconduct related to the physician licensee's practice; and

(d) what constitutes gross negligence in the practice of medicine.

However, no such rule shall be admissible into evidence in any civil action except for review of a licensing or other
disciplinary action under this Act.

In enforcing this Section, the Disciplinary Board or the Licensing Board, upon a showing of a possible violation, may compel, in the case of the Disciplinary Board, any physician individual who is licensed to practice under this Act or holds a permit to practice under this Act, or, in the case of the Licensing Board, any individual who has applied for physician licensure or a permit pursuant to this Act, to submit to a mental or physical examination and evaluation, or both, which may include a substance abuse or sexual offender evaluation, as required by the Licensing Board or Disciplinary Board and at the expense of the Department. The Disciplinary Board or Licensing Board shall specifically designate the examining physician licensed to practice medicine in all of its branches or, if applicable, the multidisciplinary team involved in providing the mental or physical examination and evaluation, or both. The multidisciplinary team shall be led by a physician licensed to practice medicine in all of its branches and may consist of one or more or a combination of physicians licensed to practice medicine in all of its branches, licensed chiropractic physicians, licensed clinical psychologists, licensed clinical social workers, licensed clinical professional counselors, and other professional and administrative staff. Any examining physician or member of the multidisciplinary team may require any person ordered to submit to an examination and evaluation pursuant to this Section to
submit to any additional supplemental testing deemed necessary
to complete any examination or evaluation process, including,
but not limited to, blood testing, urinalysis, psychological
testing, or neuropsychological testing. The Disciplinary
Board, the Licensing Board, or the Department may order the
examining physician or any member of the multidisciplinary team
to provide to the Department, the Disciplinary Board, or the
Licensing Board any and all records, including business
records, that relate to the examination and evaluation,
including any supplemental testing performed. The Disciplinary
Board, the Licensing Board, or the Department may order the
examining physician or any member of the multidisciplinary team
to present testimony concerning this examination and
evaluation of the licensee, permit holder, or applicant,
including testimony concerning any supplemental testing or
documents relating to the examination and evaluation. No
information, report, record, or other documents in any way
related to the examination and evaluation shall be excluded by
reason of any common law or statutory privilege relating to
communication between the licensee, permit holder, or
applicant and the examining physician or any member of the
multidisciplinary team. No authorization is necessary from the
licensee, permit holder, or applicant ordered to undergo an
evaluation and examination for the examining physician or any
member of the multidisciplinary team to provide information,
reports, records, or other documents or to provide any
testimony regarding the examination and evaluation. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of the examination. Failure of any individual to submit to mental or physical examination and evaluation, or both, when directed, shall result in an automatic suspension, without hearing, until such time as the individual submits to the examination. If the Disciplinary Board or Licensing Board finds a physician unable to practice following an examination and evaluation because of the reasons set forth in this Section, the Disciplinary Board or Licensing Board shall require such physician to submit to care, counseling, or treatment by physicians, or other health care professionals, approved or designated by the Disciplinary Board, as a condition for issued, continued, reinstated, or renewed licensure to practice. Any physician, whose license was granted pursuant to Sections 9, 17, or 19 of this Act, or, continued, reinstated, renewed, disciplined or supervised, subject to such terms, conditions or restrictions who shall fail to comply with such terms, conditions or restrictions, or to complete a required program of care, counseling, or treatment, as determined by the Chief Medical Coordinator or Deputy Medical Coordinators, shall be referred to the Secretary for a determination as to whether the licensee shall have their license suspended immediately, pending a hearing by the Disciplinary Board. In instances in which the Secretary immediately suspends a license
under this Section, a hearing upon such person's license must be convened by the Disciplinary Board within 15 days after such suspension and completed without appreciable delay. The Disciplinary Board shall have the authority to review the subject physician's record of treatment and counseling regarding the impairment, to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

A physician licensed under this Act, affected under this Section, shall be afforded an opportunity to demonstrate to the Disciplinary Board that they can resume practice in compliance with acceptable and prevailing standards under the provisions of their license.

The Department may promulgate rules for the imposition of fines in disciplinary cases, not to exceed $10,000 for each violation of this Act. Fines may be imposed in conjunction with other forms of disciplinary action, but shall not be the exclusive disposition of any disciplinary action arising out of conduct resulting in death or injury to a patient. Any funds collected from such fines shall be deposited in the Medical Disciplinary Fund.

All fines imposed under this Section shall be paid within 60 days after the effective date of the order imposing the fine or in accordance with the terms set forth in the order imposing the fine.

(B) The Department shall revoke the license or permit
issued under this Act to practice medicine or a chiropractic physician who has been convicted a second time of committing any felony under the Illinois Controlled Substances Act or the Methamphetamine Control and Community Protection Act, or who has been convicted a second time of committing a Class 1 felony under Sections 8A-3 and 8A-6 of the Illinois Public Aid Code. A person whose physician license or permit is revoked under this subsection B shall be prohibited from practicing medicine or treating human ailments without the use of drugs and without operative surgery.

(C) The Department shall not revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against the physician license or permit issued under this Act to practice medicine to a physician based solely upon the recommendation of the physician to an eligible patient regarding, or prescription for, or treatment with, an investigational drug, biological product, or device.

(D) The Disciplinary Board shall recommend to the Department civil penalties and any other appropriate discipline in disciplinary cases when the Board finds that a physician willfully performed an abortion with actual knowledge that the person upon whom the abortion has been performed is a minor or an incompetent person without notice as required under the Parental Notice of Abortion Act of 1995. Upon the Board's recommendation, the Department shall impose,
for the first violation, a civil penalty of $1,000 and for a second or subsequent violation, a civil penalty of $5,000.
(Source: P.A. 98-601, eff. 12-30-13; 98-668, eff. 6-25-14; 98-1140, eff. 12-30-14; 99-270, eff. 1-1-16.)

(225 ILCS 60/22.1 new)
Sec. 22.1. Grounds for disciplinary action of anesthesiologist assistant licenses.

(a) The Department may refuse to issue or to renew, or may revoke, suspend, place on probation, censure, or reprimand, or may take other disciplinary or non-disciplinary action with regard to any anesthesiologist assistant license issued under this Act as the Department may deem proper, including the issuance of fines not to exceed $10,000 for each violation, for any one or combination of the following:

(1) Material misstatement in furnishing information to the Department.

(2) Violations of this Act or the rules adopted under this Act.

(3) Conviction of or entry of a plea of guilty or nolo contendere to any crime that is a felony under the laws of the United States or any state or territory thereof or that is a misdemeanor of which an essential element is dishonesty or that is directly related to the practice of the profession.

(4) Making any misrepresentation for the purpose of
obtaining anesthesiologist assistant licenses.

(5) Professional incompetence.

(6) Aiding or assisting another person in violating any provision of this Act or its rules.

(7) Failing, within 60 days, to provide information in response to a written request made by the Department.

(8) Engaging in dishonorable, unethical, or unprofessional conduct, as defined by rule, of a character likely to deceive, defraud, or harm the public.

(9) Habitual or excessive use or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug that results in a anesthesiologist assistant's inability to practice with reasonable judgment, skill, or safety.

(10) Discipline by another U.S. jurisdiction or foreign nation, if at least one of the grounds for discipline is the same or substantially equivalent to those set forth in this Section.

(11) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate or other form of compensation for any professional services not actually or personally rendered. Nothing in this paragraph (11) affects any bona fide independent contractor or employment arrangements, which may include provisions for compensation, health insurance, pension, or other employment benefits, with persons or entities authorized under this Act for the
provision of services within the scope of the anesthesiologist assistant licensee's practice under this Act.

(12) A finding by the Disciplinary Board that the anesthesiologist assistant licensee, after having his or her anesthesiologist assistant license placed on probationary status, has violated the terms of probation.

(13) Abandonment of a patient.

(14) Willfully making or filing false records or reports in his or her practice, including, but not limited to, false records filed with state agencies or departments.

(15) Willfully failing to report an instance of suspected child abuse or neglect as required by the Abused and Neglected Child Reporting Act.

(16) Physical illness, or mental illness or impairment that results in the inability to practice the profession with reasonable judgment, skill, or safety, including, but not limited to, deterioration through the aging process or loss of motor skill.

(17) Being named as a perpetrator in an indicated report by the Department of Children and Family Services under the Abused and Neglected Child Reporting Act, and upon proof by clear and convincing evidence that the anesthesiologist assistant licensee has caused a child to be an abused child or neglected child as defined in the Abused and Neglected Child Reporting Act.
(18) Gross negligence resulting in permanent injury or death of a patient.

(19) Employment of fraud, deception, or any unlawful means in applying for or securing a license as an anesthesiologist assistant.

(20) Exceeding the authority delegated to him or her by his or her supervising physician.

(21) Immoral conduct in the commission of any act, such as sexual abuse, sexual misconduct or sexual exploitation related to the anesthesiologist assistant licensee's practice.

(22) Practicing under a false or assumed name, except as provided by law.

(23) Making a false or misleading statement regarding his or her skill or the efficacy or value of the medicine, treatment, or remedy prescribed by him or her in the course of treatment.

(24) Allowing another person to use his or her anesthesiologist assistant license to practice.

(25) A pattern of practice or other behavior that demonstrates incapacity or incompetence to practice under this Act.

(b) The Department may, without a hearing, refuse to issue or renew or may suspend the anesthesiologist assistant license of any person who fails to file a return, or to pay the tax, penalty or interest shown in a filed return, or to pay any
final assessment of the tax, penalty, or interest as required
by any tax Act administered by the Illinois Department of
Revenue, until such time as the requirements of any such tax
Act are satisfied.

  (c) The determination by a circuit court that a
anesthesiologist assistant licensee is subject to involuntary
admission or judicial admission as provided in the Mental
Health and Developmental Disabilities Code operates as an
automatic suspension. The suspension will end only upon a
finding by a court that the patient is no longer subject to
involuntary admission or judicial admission and issues an order
so finding and discharging the patient, and upon the
recommendation of the Disciplinary Board to the Secretary that
the anesthesiologist assistant licensee be allowed to resume
his or her practice.

  (d) In enforcing this Section, the Department upon a
showing of a possible violation may compel a anesthesiologist
assistant licensed to practice under this Act, or who has
applied for anesthesiologist assistant licensure under this
Act, to submit to a mental or physical examination, or both, as
required by and at the expense of the Department. The
Department may order the examining physician to present
testimony concerning the mental or physical examination of the
anesthesiologist assistant licensee or applicant. No
information shall be excluded by reason of any common law or
statutory privilege relating to communications between the
licensee or applicant and the examining physician. The examining physicians shall be specifically designated by the Department. The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of this examination. Failure of an individual to submit to a mental or physical examination, when directed, shall be grounds for suspension of his or her anesthesiologist assistant license until the individual submits to the examination if the Department finds, after notice and hearing, that the refusal to submit to the examination was without reasonable cause.

If the Department finds an individual unable to practice because of the reasons set forth in this Section, the Department may require that individual to submit to care, counseling, or treatment by physicians approved or designated by the Department, as a condition, term, or restriction for continued, reinstated, or renewed anesthesiologist assistant licensure to practice; or, in lieu of care, counseling, or treatment, the Department may file a complaint to immediately suspend, revoke, or otherwise discipline the anesthesiologist assistant license of the individual. An individual whose anesthesiologist assistant license was granted, continued, reinstated, renewed, disciplined, or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the
individual shall have his or her anesthesiologist assistant license suspended immediately, pending a hearing by the Department.

In instances in which the Secretary immediately suspends a person's anesthesiologist assistant license under this Section, a hearing on that person's license must be convened by the Department within 30 days after the suspension and completed without appreciable delay. The Department shall have the authority to review the subject individual's record of treatment and counseling regarding the impairment to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

An anesthesiologist assistant licensed under this Act and affected under this Section shall be afforded an opportunity to demonstrate to the Department that he or she can resume practice in compliance with acceptable and prevailing standards under the provisions of his or her anesthesiologist assistant license.

(225 ILCS 60/22.2)

(Section scheduled to be repealed on December 31, 2017)

Sec. 22.2. Prohibition against fee splitting.

(a) A physician licensee under this Act may not directly or indirectly divide, share or split any professional fee or other form of compensation for professional services with anyone in exchange for a referral or otherwise, other than as provided in
(b) Nothing contained in this Section abrogates the right of 2 or more licensed health care workers as defined in the Health Care Worker Self-referral Act to each receive adequate compensation for concurrently rendering services to a patient and to divide the fee for such service, provided that the patient has full knowledge of the division and the division is made in proportion to the actual services personally performed and responsibility assumed by each licensee consistent with his or her license, except as prohibited by law.

(c) Nothing contained in this Section prohibits a physician licensee under this Act from practicing medicine through or within any form of legal entity authorized to conduct business in this State or from pooling, sharing, dividing, or apportioning the professional fees and other revenues in accordance with the agreements and policies of the entity provided:

(1) each owner of the entity is licensed as a physician under this Act;

(2) the entity is organized under the Medical Corporation Act, the Professional Services Corporation Act, the Professional Association Act, or the Limited Liability Company Act;

(3) the entity is allowed by Illinois law to provide physician services or employ physicians such as a licensed hospital or hospital affiliate or licensed ambulatory
surgical treatment center owned in full or in part by Illinois-licensed physicians;

(4) the entity is a combination or joint venture of the entities authorized under this subsection (c); or

(5) the entity is an Illinois not for profit corporation that is recognized as exempt from the payment of federal income taxes as an organization described in Section 501(c)(3) of the Internal Revenue Code and all of its members are full-time faculty members of a medical school that offers a M.D. degree program that is accredited by the Liaison Committee on Medical Education and a program of graduate medical education that is accredited by the Accreditation Council for Graduate Medical Education.

(d) Nothing contained in this Section prohibits a physician licensee under this Act from paying a fair market value fee to any person or entity whose purpose is to perform billing, administrative preparation, or collection services based upon a percentage of professional service fees billed or collected, a flat fee, or any other arrangement that directly or indirectly divides professional fees, for the administrative preparation of the physician licensee's claims or the collection of the physician licensee's charges for professional services, provided that:

(i) the physician licensee or the physician licensee's practice under subsection (c) of this Section at all times controls the amount of fees charged and collected; and
(ii) all charges collected are paid directly to the physician licensee or the physician licensee's practice or are deposited directly into an account in the name of and under the sole control of the physician licensee or the physician licensee's practice or deposited into a "Trust Account" by a licensed collection agency in accordance with the requirements of Section 8(c) of the Illinois Collection Agency Act.

(e) Nothing contained in this Section prohibits the granting of a security interest in the accounts receivable or fees of a physician licensee under this Act or the physician licensee's practice for bona fide advances made to the physician licensee or physician licensee's practice provided the physician licensee retains control and responsibility for the collection of the accounts receivable and fees.

(f) Excluding payments that may be made to the owners of or physician licensees in the physician licensee's practice under subsection (c), a physician licensee under this Act may not divide, share or split a professional service fee with, or otherwise directly or indirectly pay a percentage of the physician licensee's professional service fees, revenues or profits to anyone for: (i) the marketing or management of the physician licensee's practice, (ii) including the physician licensee or the physician licensee's practice on any preferred provider list, (iii) allowing the physician licensee to participate in any network of health care providers, (iv)
negotiating fees, charges or terms of service or payment on behalf of the physician licensee, or (v) including the physician licensee in a program whereby patients or beneficiaries are provided an incentive to use the services of the physician licensee.

(Source: P.A. 96-608, eff. 8-24-09; 96-1126, eff. 7-20-10.)

(225 ILCS 60/23) (from Ch. 111, par. 4400-23)
(Section scheduled to be repealed on December 31, 2017)

Sec. 23. Reports relating to professional conduct and capacity of physicians.

(A) Entities required to report.

(1) Health care institutions. The chief administrator or executive officer of any health care institution licensed by the Illinois Department of Public Health shall report to the Disciplinary Board when any person's clinical privileges are terminated or are restricted based on a final determination made in accordance with that institution's by-laws or rules and regulations that a person has either committed an act or acts which may directly threaten patient care or that a person may have a mental or physical disability that may endanger patients under that person's care. Such officer also shall report if a person accepts voluntary termination or restriction of clinical privileges in lieu of formal action based upon conduct related directly to patient care or in lieu of
formal action seeking to determine whether a person may have a mental or physical disability that may endanger patients under that person's care. The Disciplinary Board shall, by rule, provide for the reporting to it by health care institutions of all instances in which a physician, licensed under this Act, who is impaired by reason of age, drug or alcohol abuse or physical or mental impairment, is under supervision and, where appropriate, is in a program of rehabilitation. Such reports shall be strictly confidential and may be reviewed and considered only by the members of the Disciplinary Board, or by authorized staff as provided by rules of the Disciplinary Board. Provisions shall be made for the periodic report of the status of any such person not less than twice annually in order that the Disciplinary Board shall have current information upon which to determine the status of any such person. Such initial and periodic reports of impaired physicians shall not be considered records within the meaning of The State Records Act and shall be disposed of, following a determination by the Disciplinary Board that such reports are no longer required, in a manner and at such time as the Disciplinary Board shall determine by rule. The filing of such reports shall be construed as the filing of a report for purposes of subsection (C) of this Section.

(1.5) Clinical training programs. The program director
of any post-graduate clinical training program shall report to the Disciplinary Board if a person engaged in a post-graduate clinical training program at the institution, including, but not limited to, a residency or fellowship, separates from the program for any reason prior to its conclusion. The program director shall provide all documentation relating to the separation if, after review of the report, the Disciplinary Board determines that a review of those documents is necessary to determine whether a violation of this Act occurred.

(2) Professional associations. The President or chief executive officer of any association or society, of physicians persons licensed under this Act, operating within this State shall report to the Disciplinary Board when the association or society renders a final determination that a person has committed unprofessional conduct related directly to patient care or that a person may have a mental or physical disability that may endanger patients under that person's care.

(3) Professional liability insurers. Every insurance company which offers policies of professional liability insurance to physicians persons licensed under this Act, or any other entity which seeks to indemnify the professional liability of a physician person licensed under this Act, shall report to the Disciplinary Board the settlement of any claim or cause of action, or final judgment rendered in
any cause of action, which alleged negligence in the furnishing of medical care by such licensed physician person when such settlement or final judgment is in favor of the plaintiff.

(4) State's Attorneys. The State's Attorney of each county shall report to the Disciplinary Board, within 5 days, any instances in which a physician person licensed under this Act is convicted of any felony or Class A misdemeanor. The State's Attorney of each county may report to the Disciplinary Board through a verified complaint any instance in which the State's Attorney believes that a physician has willfully violated the notice requirements of the Parental Notice of Abortion Act of 1995.

(5) State agencies. All agencies, boards, commissions, departments, or other instrumentalities of the government of the State of Illinois shall report to the Disciplinary Board any instance arising in connection with the operations of such agency, including the administration of any law by such agency, in which a physician person licensed under this Act has either committed an act or acts which may be a violation of this Act or which may constitute unprofessional conduct related directly to patient care or which indicates that a physician person licensed under this Act may have a mental or physical disability that may endanger patients under that person's care.
(B) Mandatory reporting. All reports required by items (34), (35), and (36) of subsection (A) of Section 22 and by Section 23 shall be submitted to the Disciplinary Board in a timely fashion. Unless otherwise provided in this Section, the reports shall be filed in writing within 60 days after a determination that a report is required under this Act. All reports shall contain the following information:

1. The name, address and telephone number of the person making the report.
2. The name, address and telephone number of the person who is the subject of the report.
3. The name and date of birth of any patient or patients whose treatment is a subject of the report, if available, or other means of identification if such information is not available, identification of the hospital or other healthcare facility where the care at issue in the report was rendered, provided, however, no medical records may be revealed.
4. A brief description of the facts which gave rise to the issuance of the report, including the dates of any occurrences deemed to necessitate the filing of the report.
5. If court action is involved, the identity of the court in which the action is filed, along with the docket number and date of filing of the action.
6. Any further pertinent information which the reporting party deems to be an aid in the evaluation of the
report.

The Disciplinary Board or Department may also exercise the power under Section 38 of this Act to subpoena copies of hospital or medical records in mandatory report cases alleging death or permanent bodily injury. Appropriate rules shall be adopted by the Department with the approval of the Disciplinary Board.

When the Department has received written reports concerning incidents required to be reported in items (34), (35), and (36) of subsection (A) of Section 22, the physician licensee's failure to report the incident to the Department under those items shall not be the sole grounds for disciplinary action.

Nothing contained in this Section shall act to in any way, waive or modify the confidentiality of medical reports and committee reports to the extent provided by law. Any information reported or disclosed shall be kept for the confidential use of the Disciplinary Board, the Medical Coordinators, the Disciplinary Board's attorneys, the medical investigative staff, and authorized clerical staff, as provided in this Act, and shall be afforded the same status as is provided information concerning medical studies in Part 21 of Article VIII of the Code of Civil Procedure, except that the Department may disclose information and documents to a federal, State, or local law enforcement agency pursuant to a subpoena in an ongoing criminal investigation or to a health care
licensing body or medical licensing authority of this State or another state or jurisdiction pursuant to an official request made by that licensing body or medical licensing authority. Furthermore, information and documents disclosed to a federal, State, or local law enforcement agency may be used by that agency only for the investigation and prosecution of a criminal offense, or, in the case of disclosure to a health care licensing body or medical licensing authority, only for investigations and disciplinary action proceedings with regard to a license. Information and documents disclosed to the Department of Public Health may be used by that Department only for investigation and disciplinary action regarding the license of a health care institution licensed by the Department of Public Health.

(C) Immunity from prosecution. Any individual or organization acting in good faith, and not in a wilful and wanton manner, in complying with this Act by providing any report or other information to the Disciplinary Board or a peer review committee, or assisting in the investigation or preparation of such information, or by voluntarily reporting to the Disciplinary Board or a peer review committee information regarding alleged errors or negligence by a physician person licensed under this Act, or by participating in proceedings of the Disciplinary Board or a peer review committee, or by serving as a member of the Disciplinary Board or a peer review committee, shall not, as a result of such actions, be subject
(D) Indemnification. Members of the Disciplinary Board, the Licensing Board, the Medical Coordinators, the Disciplinary Board's attorneys, the medical investigative staff, physicians retained under contract to assist and advise the medical coordinators in the investigation, and authorized clerical staff shall be indemnified by the State for any actions occurring within the scope of services on the Disciplinary Board or Licensing Board, done in good faith and not wilful and wanton in nature. The Attorney General shall defend all such actions unless he or she determines either that there would be a conflict of interest in such representation or that the actions complained of were not in good faith or were wilful and wanton.

Should the Attorney General decline representation, the member shall have the right to employ counsel of his or her choice, whose fees shall be provided by the State, after approval by the Attorney General, unless there is a determination by a court that the member's actions were not in good faith or were wilful and wanton.

The member must notify the Attorney General within 7 days of receipt of notice of the initiation of any action involving services of the Disciplinary Board. Failure to so notify the Attorney General shall constitute an absolute waiver of the right to a defense and indemnification.

The Attorney General shall determine within 7 days after
receiving such notice, whether he or she will undertake to represent the member.

(E) Deliberations of Disciplinary Board. Upon the receipt of any report called for by this Act, other than those reports of impaired physician persons licensed under this Act required pursuant to the rules of the Disciplinary Board, the Disciplinary Board shall notify in writing, by certified mail, the person who is the subject of the report. Such notification shall be made within 30 days of receipt by the Disciplinary Board of the report.

The notification shall include a written notice setting forth the person's right to examine the report. Included in such notification shall be the address at which the file is maintained, the name of the custodian of the reports, and the telephone number at which the custodian may be reached. The person who is the subject of the report shall submit a written statement responding, clarifying, adding to, or proposing the amending of the report previously filed. The person who is the subject of the report shall also submit with the written statement any medical records related to the report. The statement and accompanying medical records shall become a permanent part of the file and must be received by the Disciplinary Board no more than 30 days after the date on which the person was notified by the Disciplinary Board of the existence of the original report.

The Disciplinary Board shall review all reports received by
it, together with any supporting information and responding statements submitted by persons who are the subject of reports. The review by the Disciplinary Board shall be in a timely manner but in no event, shall the Disciplinary Board's initial review of the material contained in each disciplinary file be less than 61 days nor more than 180 days after the receipt of the initial report by the Disciplinary Board.

When the Disciplinary Board makes its initial review of the materials contained within its disciplinary files, the Disciplinary Board shall, in writing, make a determination as to whether there are sufficient facts to warrant further investigation or action. Failure to make such determination within the time provided shall be deemed to be a determination that there are not sufficient facts to warrant further investigation or action.

Should the Disciplinary Board find that there are not sufficient facts to warrant further investigation, or action, the report shall be accepted for filing and the matter shall be deemed closed and so reported to the Secretary. The Secretary shall then have 30 days to accept the Disciplinary Board's decision or request further investigation. The Secretary shall inform the Board of the decision to request further investigation, including the specific reasons for the decision. The individual or entity filing the original report or complaint and the person who is the subject of the report or complaint shall be notified in writing by the Secretary of any
final action on their report or complaint. The Department shall
disclose to the individual or entity who filed the original
report or complaint, on request, the status of the Disciplinary
Board's review of a specific report or complaint. Such request
may be made at any time, including prior to the Disciplinary
Board's determination as to whether there are sufficient facts
to warrant further investigation or action.

(F) Summary reports. The Disciplinary Board shall prepare,
on a timely basis, but in no event less than once every other
month, a summary report of final disciplinary actions taken
upon disciplinary files maintained by the Disciplinary Board.
The summary reports shall be made available to the public upon
request and payment of the fees set by the Department. This
publication may be made available to the public on the
Department's website. Information or documentation relating to
any disciplinary file that is closed without disciplinary
action taken shall not be disclosed and shall be afforded the
same status as is provided by Part 21 of Article VIII of the
Code of Civil Procedure.

(G) Any violation of this Section shall be a Class A
misdemeanor.

(H) If any such physician person violates the provisions of
this Section an action may be brought in the name of the People
of the State of Illinois, through the Attorney General of the
State of Illinois, for an order enjoining such violation or for
an order enforcing compliance with this Section. Upon filing of
a verified petition in such court, the court may issue a
temporary restraining order without notice or bond and may
preliminarily or permanently enjoin such violation, and if it
is established that such person has violated or is violating
the injunction, the court may punish the offender for contempt
of court. Proceedings under this paragraph shall be in addition
to, and not in lieu of, all other remedies and penalties
provided for by this Section.
(Source: P.A. 98-601, eff. 12-30-13; 99-143, eff. 7-27-15.)

(225 ILCS 60/25) (from Ch. 111, par. 4400-25)
(Section scheduled to be repealed on December 31, 2017)
Sec. 25. The Secretary of the Department may, upon receipt
of a written communication from the Secretary of Human
Services, the Director of Healthcare and Family Services
(formerly Director of Public Aid), or the Director of Public
Health that continuation of practice of a physician person
licensed under this Act constitutes an immediate danger to the
public, and after consultation with the Chief Medical
Coordinator or Deputy Medical Coordinator, immediately suspend
the physician license of such person without a hearing. In
instances in which the Secretary immediately suspends a
physician license under this Section, a hearing upon such
person's physician license must be convened by the Disciplinary
Board within 15 days after such suspension and completed
without appreciable delay. Such hearing is to be held to
determine whether to recommend to the Secretary that the physician's person's license be revoked, suspended, placed on probationary status or reinstated, or whether such person should be subject to other disciplinary action. In the hearing, the written communication and any other evidence submitted therewith may be introduced as evidence against such person; provided however, the person, or their counsel, shall have the opportunity to discredit, impeach and submit evidence rebutting such evidence.

(Source: P.A. 97-622, eff. 11-23-11.)

(225 ILCS 60/26) (from Ch. 111, par. 4400-26)

(Section scheduled to be repealed on December 31, 2017)


(1) Any physician person licensed under this Act may advertise the availability of professional services in the public media or on the premises where such professional services are rendered. Such advertising shall be limited to the following information:

   (a) Publication of the physician's person's name, title, office hours, address and telephone number;

   (b) Information pertaining to the physician's person's areas of specialization, including appropriate board certification or limitation of professional practice;

   (c) Information on usual and customary fees for routine professional services offered, which information shall
include, notification that fees may be adjusted due to complications or unforeseen circumstances;

(d) Announcement of the opening of, change of, absence from, or return to business;

(e) Announcement of additions to or deletions from professional licensed staff;

(f) The issuance of business or appointment cards.

(2) It is unlawful for any physician licensed under this Act to use claims of superior quality of care to entice the public. It shall be unlawful to advertise fee comparisons of available services with those of other physicians licensed under this Act.

(3) This Act does not authorize the advertising of professional services which the offeror of such services is not licensed to render. Nor shall the advertiser use statements which contain false, fraudulent, deceptive or misleading material or guarantees of success, statements which play upon the vanity or fears of the public, or statements which promote or produce unfair competition.

(4) A physician licensee shall include in every advertisement for services regulated under this Act his or her title as it appears on the physician license or the initials authorized under this Act.

(Source: P.A. 97-622, eff. 11-23-11.)

(225 ILCS 60/27) (from Ch. 111, par. 4400-27)
Sec. 27. It is unlawful and punishable under Section 59 for any physician person licensed under this Act to knowingly advertise that the physician licensee will accept as payment for services rendered by assignment from any third party payor the amount the third party payor covers as payment in full, if the effect is to give the impression of eliminating the need of payment by the patient of any required deductible or copayment applicable in the patient's health benefit plan.

As used in this Section, "advertise" means solicitation by the physician licensee or through another by means of handbills, posters, circulars, motion pictures, radio, newspapers, television or in any other manner.

(Source: P.A. 85-4.)

(225 ILCS 60/28.3 new)

Sec. 28.3. Anesthesiologist Assistant title; advertising; billing.

(a) No anesthesiologist assistant shall use the title of doctor or associate with his or her name or any other term in the clinical setting or while in contact with patients under their care that would indicate to other persons that he or she is qualified to engage in the general independent practice of anesthesiology or interventional pain management.

b) An anesthesiologist assistant licensee shall include in every advertisement for services regulated under this Act his
or her title as it appears on the license or the initials authorized under this Act.

(c) An anesthesiologist assistant shall not be allowed to bill patients or in any way to charge for services. Nothing in this Act, however, shall be so construed as to prevent the employer of an anesthesiologist assistant from charging for services rendered by the anesthesiologist assistant. Payment for services rendered by an anesthesiologist assistant shall be made to his or her employer if the payor would have made payment had the services been provided by an anesthesiologist.

(225 ILCS 60/28.5 new)

Sec. 28.5. Anesthesiologist assistant identification. Beginning on January 1, 2018, no person may designate himself or herself as an anesthesiologist assistant or use or assume the title "anesthesiologist assistant" or append to the person's name the words or letters "anesthesiologist assistant" or "A.A." or any other titles, letters, or designation that represents or may tend to represent the person as an anesthesiologist assistant unless he or she is licensed as an anesthesiologist assistant by the Department. An anesthesiologist assistant shall be clearly identified as an anesthesiologist assistant.

(225 ILCS 60/33) (from Ch. 111, par. 4400-33)

(Section scheduled to be repealed on December 31, 2017)
Sec. 33. Legend drugs.

(a) Any person licensed under this Act to practice medicine in all of its branches shall be authorized to purchase legend drugs requiring an order of a person authorized to prescribe drugs, and to dispense such legend drugs in the regular course of practicing medicine. The dispensing of such legend drugs shall be the personal act of the physician person licensed under this Act and may not be delegated to any other person not licensed under this Act or the Pharmacy Practice Act unless such delegated dispensing functions are under the direct supervision of the physician authorized to dispense legend drugs. Except when dispensing manufacturers' samples or other legend drugs in a maximum 72 hour supply, physicians persons licensed under this Act shall maintain a book or file of prescriptions as required in the Pharmacy Practice Act. Any physician person licensed under this Act who dispenses any drug or medicine shall dispense such drug or medicine in good faith and shall affix to the box, bottle, vessel or package containing the same a label indicating (1) the date on which such drug or medicine is dispensed; (2) the name of the patient; (3) the last name of the physician person dispensing such drug or medicine; (4) the directions for use thereof; and (5) the proprietary name or names or, if there are none, the established name or names of the drug or medicine, the dosage and quantity, except as otherwise authorized by regulation of the Department.
(b) The labeling requirements set forth in subsection (a) shall not apply to drugs or medicines in a package which bears a label of the manufacturer containing information describing its contents which is in compliance with requirements of the Federal Food, Drug, and Cosmetic Act and the Illinois Food, Drug, and Cosmetic Act. "Drug" and "medicine" have the meanings ascribed to them in the Pharmacy Practice Act, as now or hereafter amended; "good faith" has the meaning ascribed to it in subsection (u) of Section 102 of the Illinois Controlled Substances Act.

(c) Prior to dispensing a prescription to a patient, the physician shall offer a written prescription to the patient which the patient may elect to have filled by the physician or any licensed pharmacy.

(d) A violation of any provision of this Section shall constitute a violation of this Act and shall be grounds for disciplinary action provided for in this Act.

(e) Nothing in this Section shall be construed to authorize a chiropractic physician to prescribe drugs.

(Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

(225 ILCS 60/35) (from Ch. 111, par. 4400-35)

(Section scheduled to be repealed on December 31, 2017)

Sec. 35. Hearing officer. The Secretary shall have the authority to appoint an attorney duly licensed to practice law in the State of Illinois to serve as the hearing officer in any
action to suspend, revoke, place on probationary status, or take any other disciplinary action with regard to a license. The hearing officer shall have full authority to conduct the hearing. The hearing officer shall report his findings and recommendations to the Disciplinary Board within 30 days of the receipt of the record. The Disciplinary Board shall have 60 days from receipt of the report to review the report of the hearing officer and present their findings of fact, conclusions of law and recommendations to the Secretary.

(Source: P.A. 97-622, eff. 11-23-11.)

(225 ILCS 60/36) (from Ch. 111, par. 4400-36)
(Section scheduled to be repealed on December 31, 2017)
Sec. 36. Investigation; notice.
(a) Upon the motion of either the Department or the Disciplinary Board or upon the verified complaint in writing of any person setting forth facts which, if proven, would constitute grounds for suspension or revocation under Sections 22 or 22.1 of this Act, the Department shall investigate the actions of any person, so accused, who holds or represents that they hold a license. Such person is hereinafter called the accused.
(b) The Department shall, before suspending, revoking, placing on probationary status, or taking any other disciplinary action as the Department may deem proper with regard to any license at least 30 days prior to the date set
for the hearing, notify the accused in writing of any charges made and the time and place for a hearing of the charges before the Disciplinary Board, direct them to file their written answer thereto to the Disciplinary Board under oath within 20 days after the service on them of such notice and inform them that if they fail to file such answer default will be taken against them and their license may be suspended, revoked, placed on probationary status, or have other disciplinary action, including limiting the scope, nature or extent of their practice, as the Department may deem proper taken with regard thereto. The Department shall, at least 14 days prior to the date set for the hearing, notify in writing any person who filed a complaint against the accused of the time and place for the hearing of the charges against the accused before the Disciplinary Board and inform such person whether he or she may provide testimony at the hearing.

(c) Where a physician has been found, upon complaint and investigation of the Department, and after hearing, to have performed an abortion procedure in a wilful and wanton manner upon a woman who was not pregnant at the time such abortion procedure was performed, the Department shall automatically revoke the license of such physician to practice medicine in Illinois.

(d) Such written notice and any notice in such proceedings thereafter may be served by delivery of the same, personally, to the accused person, or by mailing the same by registered or
certified mail to the accused person's address of record.

(e) All information gathered by the Department during its investigation including information subpoenaed under Section 23 or 38 of this Act and the investigative file shall be kept for the confidential use of the Secretary, Disciplinary Board, the Medical Coordinators, persons employed by contract to advise the Medical Coordinator or the Department, the Disciplinary Board's attorneys, the medical investigative staff, and authorized clerical staff, as provided in this Act and shall be afforded the same status as is provided information concerning medical studies in Part 21 of Article VIII of the Code of Civil Procedure, except that the Department may disclose information and documents to a federal, State, or local law enforcement agency pursuant to a subpoena in an ongoing criminal investigation to a health care licensing body of this State or another state or jurisdiction pursuant to an official request made by that licensing body. Furthermore, information and documents disclosed to a federal, State, or local law enforcement agency may be used by that agency only for the investigation and prosecution of a criminal offense or, in the case of disclosure to a health care licensing body, only for investigations and disciplinary action proceedings with regard to a license issued by that licensing body.

(Source: P.A. 97-449, eff. 1-1-12; 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)
Sec. 37.5. Temporary suspension of an anesthesiologist assistant license. The Secretary may temporarily suspend the license of an anesthesiologist assistant without a hearing, simultaneously with the institution of proceedings for a hearing provided for in Section 36 of this Act if the Secretary finds that evidence in his possession indicates that continuation in practice would constitute an imminent danger to the public. In the event that the Secretary suspends, temporarily, the license without a hearing, a hearing by the Department must be held within 30 days after such suspension has occurred and concluded without appreciable delay.

Sec. 38. Subpoena; oaths.
(a) The Disciplinary Board or Department has power to subpoena and bring before it any person in this State and to take testimony either orally or by deposition, or both, with the same fees and mileage and in the same manner as is prescribed by law for judicial procedure in civil cases.
(b) The Disciplinary Board, upon a determination that probable cause exists that a violation of one or more of the grounds for discipline listed in Sections 22 and 22.1 has occurred or is occurring, may subpoena the medical and hospital records of individual patients of physicians licensed...
under this Act, provided, that prior to the submission of such
records to the Disciplinary Board, all information indicating
the identity of the patient shall be removed and deleted.
Notwithstanding the foregoing, the Disciplinary Board and
Department shall possess the power to subpoena copies of
hospital or medical records in mandatory report cases under
Section 23 alleging death or permanent bodily injury when
consent to obtain records is not provided by a patient or legal
representative. Prior to submission of the records to the
Disciplinary Board, all information indicating the identity of
the patient shall be removed and deleted. All medical records
and other information received pursuant to subpoena shall be
confidential and shall be afforded the same status as is proved
information concerning medical studies in Part 21 of Article
VIII of the Code of Civil Procedure. The use of such records
shall be restricted to members of the Disciplinary Board, the
medical coordinators, and appropriate staff of the Department
designated by the Disciplinary Board for the purpose of
determining the existence of one or more grounds for discipline
of the physician as provided for by Section 22 of this Act. Any
such review of individual patients' records shall be conducted
by the Disciplinary Board in strict confidentiality, provided
that such patient records shall be admissible in a disciplinary
hearing, before the Disciplinary Board, when necessary to
substantiate the grounds for discipline alleged against the
physician licensed under this Act, and provided further, that
nothing herein shall be deemed to supersede the provisions of Part 21 of Article VIII of the "Code of Civil Procedure", as now or hereafter amended, to the extent applicable.

   (c) The Secretary, and any member of the Disciplinary Board each have power to administer oaths at any hearing which the Disciplinary Board or Department is authorized by law to conduct.

   (d) The Disciplinary Board, upon a determination that probable cause exists that a violation of one or more of the grounds for discipline listed in Section 22 has occurred or is occurring on the business premises of a physician licensed under this Act, may issue an order authorizing an appropriately qualified investigator employed by the Department to enter upon the business premises with due consideration for patient care of the subject of the investigation so as to inspect the physical premises and equipment and furnishings therein. No such order shall include the right of inspection of business, medical, or personnel records located on the premises. For purposes of this Section, "business premises" is defined as the office or offices where the physician conducts the practice of medicine. Any such order shall expire and become void five business days after its issuance by the Disciplinary Board. The execution of any such order shall be valid only during the normal business hours of the facility or office to be inspected.

   (Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)
Sec. 39.5. Attendance of witnesses; production of documents. Any circuit court may, upon application of the Department or its designee or of the applicant or licensee against whom proceedings pursuant to Section 36 of this Act are pending, enter an order requiring the attendance of witnesses and their testimony and the production of documents, papers, files, books, and records in connection with any hearing or investigation. The court may compel obedience to its order by proceedings for contempt.

Sec. 41. Administrative review; venue; certification of record.

(a) All final administrative decisions of the Department are subject to judicial review pursuant to the Administrative Review Law and its rules. The term "administrative decision" is defined as in Section 3-101 of the Code of Civil Procedure.

(b) Proceedings for judicial review shall be commenced in the circuit court of the county in which the party applying for review resides; but if the party is not a resident of this State, the venue shall be in Sangamon County.

(c) The Department shall not be required to certify any record to the court, to file an answer in court, or to
otherwise appear in any court in a judicial review proceeding
unless and until the Department has received from the plaintiff
payment of the costs of furnishing and certifying the record,
which costs shall be determined by the Department. Exhibits
shall be certified without cost. Failure on the part of the
plaintiff to file a receipt in court shall be grounds for
dismissal of the action. During the pendency and hearing of any
and all judicial proceedings incident to the disciplinary
action the sanctions imposed upon the accused by the Department
because of acts or omissions related to the delivery of direct
patient care as specified in the Department's final
administrative decision, shall as a matter of public policy
remain in full force and effect in order to protect the public
pending final resolution of any of the proceedings.
(Source: P.A. 97-622, eff. 11-23-11; 98-1140, eff. 12-30-14.)

(225 ILCS 60/42) (from Ch. 111, par. 4400-42)
Section scheduled to be repealed on December 31, 2017

Sec. 42. Order or certified copy; prima facie proof. An
order of revocation, suspension, placing the license on
probationary status, or other formal disciplinary action as the
Department may deem proper, or a certified copy thereof, over
the seal of the Department and purporting to be signed by the
Secretary, is prima facie proof that:

(a) Such signature is the genuine signature of the
Secretary;
(b) The Secretary is duly appointed and qualified; and
(c) The Disciplinary Board and the members thereof are
qualified.
Such proof may be rebutted.
(Source: P.A. 97-622, eff. 11-23-11.)

(225 ILCS 60/46) (from Ch. 111, par. 4400-46)
(Section scheduled to be repealed on December 31, 2017)
Sec. 46. In the event that the Department's order of
revocation, suspension, placing the licensee on probationary
status, or other order of formal disciplinary action is without
any reasonable basis in fact of any kind, then the State of
Illinois shall be liable to the injured physician or
anesthesiologist assistant for those special damages they have
suffered as a direct result of such order.
(Source: P.A. 85-4.)

(225 ILCS 60/47) (from Ch. 111, par. 4400-47)
(Section scheduled to be repealed on December 31, 2017)
Sec. 47. Illinois Administrative Procedure Act. The
Illinois Administrative Procedure Act is hereby expressly
adopted and incorporated herein as if all of the provisions of
that Act were included in this Act, except that the provision
of subsection (d) of Section 10-65 of the Illinois
Administrative Procedure Act that provides that at hearings the
licensee has the right to show compliance with all lawful
requirements for retention, continuation or renewal of the license is specifically excluded. For the purposes of this Act the notice required under Section 10-25 of the Illinois Administrative Procedure Act is deemed sufficient when mailed to the address of record of a party. 
(Source: P.A. 97-622, eff. 11-23-11.)

(225 ILCS 60/48) (from Ch. 111, par. 4400-48)
(Section scheduled to be repealed on December 31, 2017)

Sec. 48. All licenses and certificates heretofore legally issued by authority of law in this State permitting the holder thereof to practice medicine in all of its branches, or to treat human ailments without the use of drugs and operative surgery, or to practice as an anesthesiologist assistant, and which are valid and in full force and effect on the taking effect of this Act, shall have the same force and effect, and be subject to the same authority of the Department to revoke or suspend them as licenses issued under this Act. 
(Source: P.A. 85-4.)

(225 ILCS 60/49) (from Ch. 111, par. 4400-49)
(Section scheduled to be repealed on December 31, 2017)

Sec. 49. If any person does any of the following and does not possess a valid physician license issued under this Act, that person shall be sentenced as provided in Section 59: (i) holds himself or herself out to the public as being engaged in
the diagnosis or treatment of physical or mental ailments or conditions including, but not limited to, deformities, diseases, disorders, or injuries of human beings; (ii) suggests, recommends or prescribes any form of treatment for the palliation, relief or cure of any physical or mental ailment or condition of any person with the intention of receiving, either directly or indirectly, any fee, gift, or compensation whatever; (iii) diagnoses or attempts to diagnose, operates upon, professes to heal, prescribes for, or otherwise treats any ailment or condition, or supposed ailment or condition, of another; (iv) maintains an office for examination or treatment of persons afflicted, or alleged or supposed to be afflicted, by any ailment or condition; (v) manipulates or adjusts osseous or articular structures; or (vi) attaches the title Doctor, Physician, Surgeon, M.D., D.O. or D.C. or any other word or abbreviation to his or her name indicating that he or she is engaged in the treatment of human ailments or conditions as a business.

Whenever the Department has reason to believe that any person has violated this Section the Department may issue a rule to show cause why an order to cease and desist should not be entered against that person. The rule shall clearly set forth the grounds relied upon by the Department and shall provide a period of 7 days from the date of the rule to file an answer to the satisfaction of the Department. Failure to answer to the satisfaction of the Department shall cause an order to
cease and desist to be issued immediately.
(Source: P.A. 89-702, eff. 7-1-97.)

(225 ILCS 60/49.5)
(Section scheduled to be repealed on December 31, 2017)

Sec. 49.5. Telemedicine.
(a) The General Assembly finds and declares that because of technological advances and changing practice patterns the practice of medicine is occurring with increasing frequency across state lines and that certain technological advances in the practice of medicine are in the public interest. The General Assembly further finds and declares that the practice of medicine is a privilege and that the licensure by this State of practitioners outside this State engaging in medical practice within this State and the ability to discipline those practitioners is necessary for the protection of the public health, welfare, and safety.

(b) A person who engages in the practice of telemedicine without a physician license issued under this Act shall be subject to penalties provided in Section 59.

(c) For purposes of this Act, "telemedicine" means the performance of any of the activities listed in Section 49, including rendering written or oral opinions concerning diagnosis or treatment of a patient in Illinois by a person located outside the State of Illinois as a result of transmission of individual patient data by
telephonic, electronic, or other means of communication from within this State. "Telemedicine" does not include the following:

(1) periodic consultations between a physician person licensed under this Act and a person outside the State of Illinois;

(2) a second opinion provided to a physician person licensed under this Act; and

(3) diagnosis or treatment services provided to a patient in Illinois following care or treatment originally provided to the patient in the state in which the provider is licensed to practice medicine.

(d) Whenever the Department has reason to believe that a physician person has violated this Section, the Department may issue a rule to show cause why an order to cease and desist should not be entered against that physician person. The rule shall clearly set forth the grounds relied upon by the Department and shall provide a period of 7 days from the date of the rule to file an answer to the satisfaction of the Department. Failure to answer to the satisfaction of the Department shall cause an order to cease and desist to be issued immediately.

(e) An out-of-state person providing a service listed in Section 49 to a patient residing in Illinois through the practice of telemedicine submits himself or herself to the jurisdiction of the courts of this State.
Sec. 59.5. Anesthesiologist assistant penalties. An anesthesiologist assistant who is found to have violated any provision of this Act is guilty of a Class A misdemeanor for the first offense and a Class 4 felony for the second and any subsequent offense.

Sec. 61. Practicing without a license. (a) The practice of medicine in all of its branches, or the treatment of human ailments without the use of drugs and without operative surgery, the practice as an anesthesiologist assistant by any person not at that time holding a valid and current license under this Act to do so is hereby declared to be inimical to the public welfare and to constitute a public nuisance. The Secretary of the Department, the Attorney General of the State of Illinois, the State's Attorney of any County in the State, or any resident citizen may maintain an action in the name of the people of the State of Illinois, may apply for an injunction in the circuit court to enjoin any such person from engaging in such practice; and, upon the filing of a verified petition in such court, the court or any judge thereof, if satisfied by affidavit, or otherwise, that such
person has been engaged in such practice without a valid and
current license to do so, may issue a temporary restraining
order or preliminary injunction without notice or bond,
enjoining the defendant from any such further practice. A copy
of the verified complaint shall be served upon the defendant
and the proceedings shall thereafter be conducted as in other
civil cases. If it be established that the defendant has been,
or is engaged in any such unlawful practice, the court, or any
judge thereof, may enter an order or judgment perpetually
enjoining the defendant from further engaging in such practice.
In all proceedings hereunder the court, in its discretion, may
apportion the costs among the parties interested in the suit,
including cost of filing complaint, service of process, witness
fees and expenses, court reporter charges and reasonable
attorneys fees. In case of violation of any injunction entered
under the provisions of this Section, the court, or any judge
thereof, may summarily try and punish the offender for contempt
of court. Such injunction proceedings shall be in addition to,
and not in lieu of, all penalties and other remedies in this
Act provided.

(b) If any person shall practice as an anesthesiologist
assistant or hold himself or herself out as an anesthesiologist
assistant without being licensed under the provisions of this
Act, then any licensed anesthesiologist assistant, any
interested party, or any person injured thereby may, in
addition to the Secretary, petition for relief as provided in
subsection (a) of this Section.

(c) Whenever in the opinion of the Department any person violates any provision of this Act, the Department may issue a rule to show cause why an order to cease and desist should not be entered against the person. The rule shall clearly set forth the grounds relied upon by the Department and shall provide a period of 7 days from the date of the rule to file an answer to the satisfaction of the Department. Failure to answer to the satisfaction of the Department shall cause an order to cease and desist to be issued forthwith.

(Source: P.A. 97-622, eff. 11-23-11.)

Section 99. Effective date. This Act takes effect upon becoming law.
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